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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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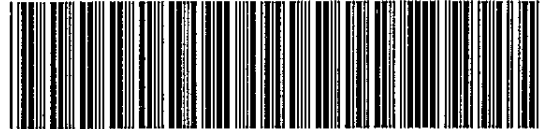
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12-18-02

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6326  
Tallahassee, FL 32314

SUBJECT: BEST PRICE TREE SERVICE INC.  
(Proposed corporate name - must include suffix)

Enclosed is (1) original and one (1) copy of the articles of incorporation and a check for :

☐ \$10.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: ERROL CAMERON  
Name (printed or typed)

4337 ROCK ISLAND RD.  
Address

LAUREN, FL 33319  
City, State & Zip

954 439-5708  
Daytime Telephone number

NOTE Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

BEST PRICE TREE SERVICE INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4337 ROCK ISLAND RD.  
LAUDERHILL FL 33319

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES NO PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ERROLL CAMERON  
4337 ROCK ISLAND RD.  
LAUDERHILL, FL. 33319

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STATE OF FLORIDA

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ERROL CAMERON 6399 SW 103 RD. RD.  
OCALA FL. 34476.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11 day of DECEMBER, 19 2002

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

BEST PRICE TREE SERVICE INC.

2. The name and address of the registered agent and office is:

ERROL CAMERON  
(NAME)

4337 ROCK ISLAND RD.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

LACUDRILL, FL 33319  
(CITY/STATE/ZIP)

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TALLAHASSEE  
FLORIDA

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

✓  
(SIGNATURE)

(DATE)