

P03000075773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

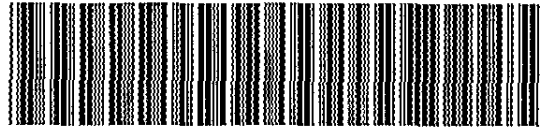
(Document Number)

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

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Office Use Only

Michael **GAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT articles  
DATE 7/10/03  
DOC. EXAM Dan White



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03 JUL -2 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: FAILLA'S HCC SERVICE INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM:

MICHAEL S. FAILLA  
Name (Printed or typed)

1970 S. MCANIE DR.  
Address

HOUSTON TX 77058  
City, State & Zip

7/10/03  
NO ANSWER → (352) 795-9956 or (352) 476-6714  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

FAILLA'S TREE SERVICE INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1970 S MELANIE DRIVE  
HOMOSASSA, FL 34448

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:

ONE

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CEO - MICHAEL FAILLA  
1970 S MELANIE DRIVE  
HOMOSASSA, FL 34448

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MICHAEL FAILLA  
1970 S MELANIE DRIVE  
HOMOSASSA, FL 34448


### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL FAILLA  
1970 S MELANIE DRIVE  
HOMOSASSA, FL 34448

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Incorporator & Registered Agent

6/30/03  
Date