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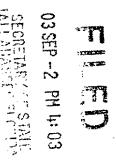
| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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08/18/09--01042--024 **78.75



TRANSMITTAL LETTER

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

| SUBJECT: 6 | Zurrs | TREE | SERVICE ENAME-MUSTINCLI | INC |
|----------------------|----------------------------------|-----------|--|--|
| Enclosed are an orig | | | E NAME – <u>MUST INCL.(</u> les of incorporation and | a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate | of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: | GARY 5241 Brooks | CALITA | Printed or typed) ORNIA SE ddress Fl 34609 State & Zip | , |

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

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 21, 2003

GARY W. BURR 5247 CALIFORNIA ST BROOKSVILLE, FL 34609

SUBJECT: BURR'S TREE SERVICE, INC

Ref. Number: W03000023900

We have received your document for BURR'S TREE SERVICE, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please verify the address in Article II.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Dorine Martin Document Specialist New Filings Section

Letter Number: 903A00047525

| ARTICLE I NAME | 03 SEP -2 PH 4: 03 |
|--|---------------------------------------|
| The name of the corporation shall be: | SECRETARY OF STATE |
| Burr's Tree Service, Inc | TALLAHASSEE FLORIDA |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | A: - 1 |
| 5247 CALIFORNIA 3t. Brooksville | e f1 34604 |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| ALL LAWful Purposes Professional Corp. | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| 1000 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): President - Gary W. Burr 5247 CALifore | inia St Brooksuil |
| President - GARY W. Burr 3247 CALIFORNIA SE TREASURER PAT BURY 5247 CALIFORNIA SE Director - Justin Suka 5247 CALIFORNIA Director - Kevin Decker 5347 CALIFORNIA ARTICLE III. PRESISTERED ACENT | Brooksville Fl |
| Directon - Justin Suka 5247 CALiforni | A 36. 3460 L |
| Director - Kevin Decker 5347 CALIFORNI ARTICLE VI REGISTERED AGENT | in st productions, 7 |
| The name and Florida street address of the registered agent is: | |
| GARY W. Burr | |
| | |
| 5247 CALIFORNIA St Brooksville F1 34604 | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | |
| O | · |
| 5247, CACOPORNIE ST | |
| Brooksville fl 34604 | |
| The state of the s | ********** |
| certificate, I an familiar with and accept the appointment as registered agent and agree to act | porunon ai me piace aesignatea in mis |
| y Coper of | 8/13/03 |
| Signature/Registered Agent | Date |
| mol San Commence of the Commen | |

FILED

ARTICLES OF INCORPORATION

Signature/Incorporator

ARTICLE I

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