

AD4000046075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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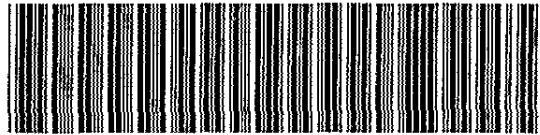
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -8 PM 1:38

503/15/04

TRANSMITTAL LETTER

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

SUBJECT: Advanced Tree Care, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Charles S. Lippi

Name (Printed or typed)

243 Shamrock Rd.

Address

St. Augustine FL 32086

City, State & Zip

904-794-5159

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)

ARTICLE I NAME

The name of the corporation shall be:

Advanced Tree Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

243 Shamrock Rd., St. Augustine, FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

arborist consulting service

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Charles S. Lippi, 243 Shamrock Rd., St. Augustine, FL 32086 president

Consuelo D. Lippi, 243 Shamrock Rd., St. Augustine, FL 32086 vice president

ARTICLE VI REGISTERED AGENT

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

Charles S. Lippi, 243 Shamrock Rd., St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles S. Lippi, 243 Shamrock Rd., St. Augustine, FL 32086

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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

Charles S. Lippi
Signature/Registered Agent

3/2/04
Date

Charles S. Lippi
Signature/Incorporator

3/2/04
Date