

P04000046210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

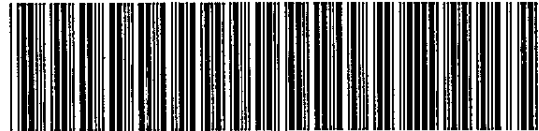
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: NATIONWIDE FORESTRY, 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: HEATH RUSHING
Name (Printed or typed)

4395 OLD BAYOU TRAIL
Address

DESTIN, FLORIDA 32541
City, State & Zip

850-267-4949
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:

NATIONWIDE FORESTRY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4395 OLD BAYOU TRAIL
DESTIN, FLA 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFUL BUSINESS OPERATIONS.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HEATH RUSHING
4395 OLD BAYOU TRAIL
DESTIN, FLORIDA 32541

ARTICLE VI REGISTERED AGENT

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

HEATH RUSHING
4395 OLD BAYOU TRAIL
DESTIN, FLORIDA 32541

ARTICLE VII INCORPORATOR

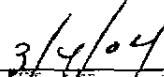
The name and address of the Incorporator is:

HEATH RUSHING
4395 OLD BAYOU TRAIL
DESTIN, FLROIDA 32541

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



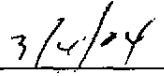
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA