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(Re	equestor's Name)	
(Ad	dress)		-
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(Cit	y/State/Zip/Phor	ne #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Na	me)	-
(Do	cument Number)	-
Certified Copies	_ Certificate	s of Status	- -
Special Instructions to	Filing Officer:		7
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: _ >	< I ree Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
□ \$70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee		Filing Fee & Certified Copy	Filing Fee, Certified Copy	
		os common cop,	& Certificate of Status	
		ADDITIONAL CO		
FROM:	Shawn Rams	Edell		
FROM: Shawn Ramsdell Name (Printed or typed)				
5300 Adanson Rd. #121				
Address				
	Orlando (ity.	-L 32810	>	
	• *	•		
(763) 482 - 9358 Daytime Telephone number				
and the state of t				

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State



September 22, 2004

SHAWN RAMSDELL 5300 ADANSON RD. #121 ORLANDO, FL 32810

SUBJECT: SR TREE INC Ref. Number: W04000035180

We have received your document for SR TREE INC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P04000125552.

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 204A00055903

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
SR tree Scrvice Inc.	7
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 5300 Adamson Rd. #121 Orlando, FL 32810 ARTICLE III PURPOSE	ION OCT -1 P SECRETARY OF ST
The purpose for which the corporation is organized is:	3: 09 OKIDA
Any and all lawful business. ARTICLE IV _ SHARES	e de la companya de
The number of shares of stock is:	₹ .
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): (1) Ryan Rebischke, 2(3 11th St SW Little Falls (2) Jesse Vadnais, 311 21st Ave. N. St. Cloud, M. (3) Jonathan Garlock, 12480 St. NE St.M. (4) Lee Liebel, 810 1st St SE Little Falls, MN (5) Jeremy Plumski, 603 4th St SW Little Fo	lichael, MN 55376, ott 56345 . cofficeR
	ontinued on back
The <u>name and Florida strect address</u> (P.O. Box NOT acceptable) of the regist Snawn Romsdell 5330 Adanson Rd #121 Orlando, FL 32810	ered agent is:
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Shawn Ramsdell 5330 Adanson Rd. #121 Orlando, FL 32810	
***********************	*******
Having been named as registered agent to accept service of process for the above stated corp certificate, I am familiar with and accept the appointment as registered agent and agree to act	oration at the place designated in this in this capacity
- Mille	9-18-04 Date
Signature/Registered Agent	Date
	9-18-04
Signature/Incorporator	Date

ARTICLES OF INCORPORATION