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(Business Entity Name)			
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TRANSMITTAL LETTER

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05 JAN 13 AM 10: 05

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

SUBJECT:	Artistic	Trimmings		
	(PROPOSED CORPORA	TE NAME – <u>MUŞT INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an original	ginal and one (1) copy of the arti	cles of incorporation an	d a check for:	
S70.00 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: Hate Name (Printed or typed)				
P.O. Box 3859 Address				
	Springhill City,	FL 344 State & Zip	ol)	
Daytime Telephone number				

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

w-2015



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 13, 2005

KATHY HALE PO BOX 3859 SPRINGHILL, FL 34611

SUBJECT: ARTISTIC TRIMMINGS Ref. Number: W05000002015

We have received your document for ARTISTIC TRIMMINGS, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please add a title to the owner and co-owners name.

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) 245-6919.

Letter Number: 105A00002566

Beth Register
Document Specialist Supervisor
New Filings Section

ARTICLE SOF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Artistic Trimmings., Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: To 3n Old Homesteod Rd. New Port Richel, FL 344654 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Tree Trimming ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(se) and title(s): Ent Paul Hale Po. Box 3859 Springhill, FL 3466 Jent ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Hathy Hale 17135 Orwell Rd. Hudson, FL 34667 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Hathy Hale 17135 Orwell Rd. Hudson, FL 34661 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Hathy Hale 17135 Orwell Rd. Hudson, FL 34661 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Hathy Hale 17135 Orwell Rd. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I um familiar with and accept the appointment as registered agent and agree to act in this capacity Signatural Registered Acents Date Date		000 411-12
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Hothy Hale 1-11-05 Signature/Registered Agent Date	certificate, I am familiar with and accept the appointment as registered agent and agre	ee to act in this capacity
Signature/Registered Agent Date	The AD. Has On	1-11-55
Signature Registered Figure	Signature/Registered Agent	Date

Paul Hale

Signatureorporator

1-11-05 Date