

PD500002 4488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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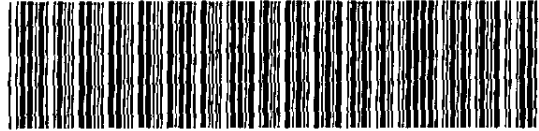
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD

TRANSMITTAL LETTER

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

SUBJECT: Absolute Tree & Stump 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: Michael Lewis
Name (Printed or typed)
2287 Oak Bay Dr.
Address
Middleburg FL 32068
City, State & Zip
904-282-3819
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:

Absolute Tree & stump, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2287 Dark Bay Dr
Middleburg, Fl, 32068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction & Tree Surgery

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):

Michael Lewis
2287 Dark Bay Dr.
Middleburg Fl 32068
owner

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael Lewis
2287 Dark Bay Dr.
Middleburg Fl 32068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Lewis
2287 Dark Bay Dr.
Middleburg Fl 32068

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

Michael Lewis
Signature/Registered Agent

2-1-05
Date

Michael Lewis
Signature/Incorporator

2-1-05
Date

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TALLAHASSEE, FLORIDA