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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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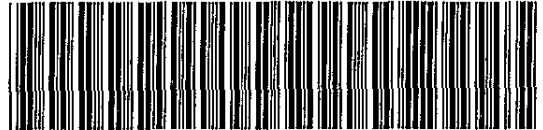
(Business Entity Name)

(Document Number)

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05 JUN 17 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08.6-17

TRANSMITTAL LETTER

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

SUBJECT: Steve Reynolds Tree Surgery 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: Steve Reynolds
Name (Printed or typed)

13954 Tiffany Pines Circle N
Address

Jacksonville, Florida 32225
City, State & Zip

(904) 422-8733
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: Steve Reynolds Tree Surgery Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: P.O. Box 51117 Jacksonville,
Florida 32240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Tree Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): ~~Steve~~ Steve Reynolds/owner
13954 Tiffany Pines Circle North
Jacksonville, Florida 32225

ARTICLE VI REGISTERED AGENT

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

Steve Reynolds
13954 Tiffany Pines Circle North
Jacksonville, Florida 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Steve Reynolds
13954 Tiffany Pines Circle North
Jacksonville, Florida 32225

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

Steve Reynolds
Signature/Registered Agent

Steve Reynolds
Signature/Incorporator

5/13/05

Date

5/13/05

Date

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TALLAHASSEE, FLORIDA