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TRANSMITTAL LETTER

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323			e e e je
SUBJECT: TAMMY	L. BOZEMAN TREE SERVICE (PROPOSED CORPORA	E, INC ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: TAN	MMY L. BOZEMAN Name	e (Printed or typed)	-
<u>4</u>	722 JOHN CARROLL ROAD S	Address	
<u>L</u>	AKELAND, FLORIDA 33 801	, State & Zip	

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

Daytime Telephone number

863 559-1829

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:

TAMMY L. BOZEMAN TREE SERVICE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4722 JOHN CARROLL ROAD, SOUTH LAKELAND, FLORIDA 33801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000 (Par value \$1.00)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TAMMY L. BOZEMAN D.P. VP S T

ARTICLE VI REGISTERED AGENT

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

TAMMY L, BOZEMAN 4722 JOHN CARROLL RD, SOUTH, LAKELAND, FLORIDA 33801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TAMMY L. BOZEMAN 4722 JOHN CARROLL RD., SOUTH, LAKELAND, FLORIDA 33801

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

Date