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(Re	equestor's Name)			
(Address)				
(Ac	dress)			
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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FACE ATTACKET FLORIDA

05 DEC | 4 PH 12: 51

COVER LETTER

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

SUBJECT: ALVIN'S TREE SERVICE	CE, INC	
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	<u>ude suffix</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: ALVIN SYLVESTER		
Name	(Printed or typed)	
149 NW 26 AVENUE	Address	
POMPANO BEACH, FI	LORIDA 33069 State & Zip	
954_263_3787		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

Article I Alvin's Tree Service, Inc.

Article II The principal place of the business is: 4191 NW 3rd Avenue
Pompano Beach, Florida 33064

The mailing address for the business is: 149 NW 26 Avenue
Pompano Beach, Florida 33069

Article III This entity is being formed to render services Such as tree trimming, sod and landscaping.

Article IV There is 100° shares.

The share designation is as follows:

Alvin Sylvester: One share

Article V The Initial Officers are as follows:
Alvin Sylvester- President

Article VI Registered Agent:
Alvin Sylvester
4191 NW 3rd Avenue
Pompano Beach, Florida 33064

Article VII Incorporator
Alvin Sylvester
4191 NW 3rd Avenue
Pompano Beach, Florida 33064

Having been named a 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

Signature/Incorporator

12/13/2005 Date 12/12/2005

Date