P06000154728

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

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

SUBJECT: MICHAEL PATE TREE SERVICE PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CURPORA)	TE NAME - MUSTINCL	UDE SUFFIX)	
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Enclosed are an ori	ginal and one (1) copy of the artic	ses or moorporation and	a check for.	
\$70.00	₹78.75	\$78.75	☐ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status Of	
	•	ADDITIONAL CO	PY REQUIRED	
	•			
FROM:	MICHAEL PATE	·		
	Name ((Printed or typed)		
,	8901 N. AAIINE	D AUF		
,	OTOLIN. AHUINE	ddress		
		į.	***	
	TAMPA, F/	33604/ State & Zip		
	· / thy,	prince of Tib		
813-935-6086				
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 <u>NAME</u>

The name of the corporation shall be:

MICHAEL PATE TREE SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8901 N. HAMNER AVE TAMPA, F1. 33604

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

ARTICLE IV

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL DATE / OWNER

REGISTERED AGENT

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

MICHAEL PATE 8901 N. HAMNER TAMPA, FL 33604

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

MICHAEL PATE 8901 N. HAMNER AVE TAMPA, F1. 33604

Having been named as registered agant 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

ignature/incorporator/Registered Agent