

P07000052049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
07 APR 30 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PJ's Tree Trimming, 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: Peter A. James

Name (Printed or typed)

850 Southwest 15 Avenue

Address

Boca Raton, FL 33486

City, State & Zip

561-929-3041

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:

PJ's Tree Trimming, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

850 Southwest 15 Avenue
Boca Raton, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide tree trimming services to residences in Palm Beach and Broward County.

ARTICLE IV SHARES

The number of shares of stock is:

(100) one hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Peter A. James, Owner, Operator
850 Southwest 15 Avenue
Boca Raton, FL 33486

ARTICLE VI REGISTERED AGENT

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

Peter A. James, Owner, Operator
850 Southwest 15 Avenue
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Peter A. James, Owner, Operator
850 Southwest 15 Avenue
Boca Raton, FL 33486

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



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date