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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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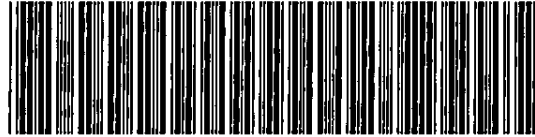
(Business Entity Name)

(Document Number)

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07 APR 30 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Mike Failla's Tree Service, 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: Michael Failla
Name (Printed or typed)

1970 S. Melanie Drive
Address

Homosassa, FL 34448
City, State & Zip

352-207-6534
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: Mike Failla's Tree Service, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 1970 S. Melanie Drive
Homosassa, FL 34448

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Service & repair

ARTICLE IV SHARES

The number of shares of stock is: 100 shares @ \$ 1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Michael Failla
1970 S. Melanie Drive
Homosassa, FL 34448

ARTICLE VI REGISTERED AGENT

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

Michael Failla
1970 S. Melanie Drive
Homosassa, FL 34448

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Michael Failla
1970 S. Melanie Drive
Homosassa, FL 34448

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

Michael S. Failla
Signature/Registered Agent

4/27/07
Date

Michael S. Failla
Signature/Incorporator

4/27/07
Date