

P0800005/260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08 MAY 22 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Tree-L, 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: Barbara Kreitinger  
Name (Printed or typed)

9041 SW 184 Terrace  
Address

Miami, FL 33157  
City, State & Zip

305-259-5676  
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:

Tree - L, Inc

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9041 SW 184 Terrace  
Miami, FL 33157

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful purpose allowed by the State of Florida

### ARTICLE IV SHARES

The number of shares of stock is:

7500

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara Kreitinger  
9041 SW 184 Terr  
Miami, FL 33157  
President

### ARTICLE VI REGISTERED AGENT

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

Barbara Kreitinger  
9041 SW 184 Terr  
Miami, FL 33157

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Kreitinger  
9041 SW 184 Terr  
Miami, FL 33157

\*\*\*\*\*

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

FILED  
08 MAY 22 PM 1:20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

5-20-08

Date

5-20-08

Date