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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

RECEIVED
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DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

PALM TREE CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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:

PALM TREE CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3224 32ND AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT
ARACELI CAHILL
3224 32ND AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

DIRECTOR, PRESIDENT
TIM WILCOX
3224 32ND AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

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TALLAHASSEE, FLORIDA

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PAGE 2 PALM TREE CARE, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TIM WILCOX
3224 32ND AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

ARACELI CAHILL
3224 32ND AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

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.



TIM WILCOX / Registered Agent

6-5-08
Date



ARACELI CAHILL / Incorporator

6/5/08
Date

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