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| (Re | equestor's Name) | |
|-------------------------|--|----------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone # | f) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Name |) |
| (Do | ocument Number) | |
| Certified Copies | Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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| Back to | executive () | |
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COVER LETTER

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

| SUBJECT: Chris Finch Tree Service | ce, INC | |
|---|-------------------------------------|---|
| (PROPOSED CORPORA | TE NAME – <u>MUST INC</u> | LUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation an | d a check for: |
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate o Status |
| | ADDITIONAL C | OPY REQUIRED |
| FROM: Chris Finch | (Printed or typed) | |
| P.O.BOX 31 | | |
| A | Address | |
| Dade City, FL, 33526 City, | State & Zip | |
| 352-583-4221 Daytime To | elephone number | |
| chrisfinchtreeservice@ya E-mail address: (to be used | hoo.com I for future annual report | notification) |

NOTE: Please provide the original and one copy of the articles.

SUBJECT: Company no longer to be a company

TO: Department Of State, Division of Corporations

DATE: February 28, 2011

I would no longer like to have Chris Finch's Treeservices, INC to be a company. If anything else is needed please contact me at 352-583-4221.

Thank You

Chris Finch

OK pr R.V.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| AM TICED II | PRINCIPAL OFFICE | _ | |
|-------------------|---|---|--|
| | Principal street address | Mailing address, | if different is: |
| | 35100 Baxley Dr. Dade City, FL. 33523 | P. O. Box 31 | |
| | Date City, FL, 33323 | Dade City, FL 33526 | |
| | | | |
| ARTICLE III | | | |
| | which the corporation is organized is: ing and Removal | | |
| 1166 11111111 | ing and Removal | | |
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| ARTICLE IV | | | 万川 五 |
| The number of sh | ares of stock is: 1000 | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECT | CTORS | |
| Name and | Title:Chris Finch - President | Name and Title: | |
| Address: | 35100 Baxlev Dr. | Address: | |
| | Dade City, FL 33523 | | |
| | | | |
| N7 | Tide. | NI- and Mist- | |
| Address: | Title: | Address: | |
| Addiess. | | | |
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| | Γitle: | Name and Title: | |
| Address: | | | |
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| ARTICLE VI | REGISTERED AGENT | | |
| | orida street address (P.O. Box NOT accepta | ble) of the registered agent is: | |
| Name: | Tracey Finch | | |
| Address: | 35100 Baxley Dr | , , , , , , , , , , , , , , , , , , , | |
| | Dade City, FL 33523 | | |
| ARTICLE VII | INCORPORATOR | | |
| | idress of the Incorporator is: | | |
| Name: | Chris Finch | • | |
| Address: | P.O. BOX 31 | | |
| | Dade City, FL 33523 | | |
| | ned as registered agent to accept service of | process for the above stated corporation | at the place designated in |
| Having been nai | nea as registereu agent to accept service of p am familiar with and accept the appointment | as registered agent and agree to act in thi | s capacity |
| | | | |
| 4.00 | Required Signature/Registered Age | \mathcal{L} | 28-11 |
| Tracer | Dequired Signature/Registered Age | nt = | Date |
| | / Kedullon Signaturo Registered Figo | | ن نوف داده داده داده داده داده داده داده داد |
| I submit this doc | cument and affirm that the facts stated here | in are true. I am aware that the false in | formation submittea in a |
| document to the | Department of Style constitutes a third degree | e felony as provided for in s.817.155, F.S. | |
| ACCOUNTS TO BUT | | | |
| | 79/ | | 2-26-11 |