

P 11 0000 32435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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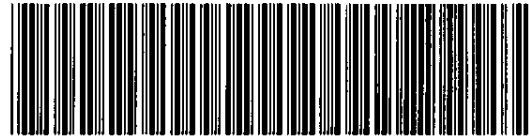
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 31 PM 2:53

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41

COVER LETTER

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

SUBJECT: Mark Wright 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: Mark Allen Wright Jr.
Name (Printed or typed)

4455 Ave D
Address

St. Augustine, FL 32095
City, State & Zip

904-429-7481 / 904-235-0460
Daytime Telephone number

MarkWrightTreeService@hotmail.com
E-mail address: (to be used for future annual report notification)

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: Mark Wright Tree Service, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4455 Ave D.
St. Augustine, FL
32095

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawfull Bussness

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark H. Wright Jr.
Address: 4455 Ave D.
St. Augustine, FL
32095

Name and Title: President
Address: _____

Name and Title: Jennifer Lynn Wright
Address: 4455 Ave D.
St. Augustine, FL
32095

Name and Title: Vice-President
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jennifer L Wright
Address: 4455 Ave D.
St. Augustine, FL 32095

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Jennifer L Wright
Address: 4455 Ave D.
St. Augustine, FL 32095

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

Jennifer L Wright
Required Signature/Registered Agent

3-30-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jennifer L Wright
Required Signature/Incorporator

3-30-11
Date

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