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FLORIDA PROFIT/NON PROFIT CORPORATION  
Proscap Group Tree Services, Inc.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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MRS 5/4

**ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

**ARTICLE I NAME**

The name of the corporation shall be: **Proscape Group Tree Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal Address: 205 Tarpon Industrial Drive  
Tarpon Springs, FL 34689

Mailing Address: P.O. Box 577  
Tarpon Springs, FL 34688-0577

**ARTICLE III SHARES**

The number of shares of stock this corporation is authorized to have outstanding at any one time is:

One-Thousand (1,000) Shares  
Common Stock

**ARTICLE IV INITIAL REGISTERED AGENT**

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

Shawn J. Roper  
31 West Tarpon Avenue  
Tarpon Springs, FL 34689

**ARTICLE V INCORPORATORS**

The name and address of the incorporators to these Articles of Incorporation are:

Shawn J. Roper  
205 Tarpon Industrial Drive  
Tarpon Springs, FL 34689

**ARTICLE VI OFFICERS**

The officer(s) of the corporation are:

Shawn J. Roper—President, Secretary  
P.O. Box 577  
Tarpon Springs, FL 34688-0577

Jena A. Roper—Treasurer  
P.O. Box 577  
Tarpon Springs, FL 34688-0577

**ARTICLE VII DIRECTORS**

The director(s) of the corporation are:

Shawn J. Roper—Director  
P.O. Box 577  
Tarpon Springs, FL 34688-0577

Jena A. Roper—Director  
P.O. Box 577  
Tarpon Springs, FL 34688-0577

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

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