P11000046073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Stevens MAY 13 2011

W11-24527
505

COVER LETTER

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

SUBJECT: Green Tree Landscape Management.
(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: Cassie DiOrsini
Name (Printed or typed)

10288 Fox Trail Rd. So. Apt. 310
Address

West Palm Beach, FL. 33411
City, State & Zip

561.267.1614
Daytime Telephone number

C.Diorsini@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Green Tree Landscape Management. Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
10288 Fox Trail Rd. So.
Apt. 310
West Palm Beach. FL.
33411

Mailing address, if different is:
P.O. Box 53
Loxahatchee, FL. 33470

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To Become incorporated also so the Business is liable not myself.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Cassie DiOrsini- CEO
Address: 10288 Fox Trail Rd. So
Apt. 310
WPB. FL. 33411

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Cassie DiOrsini
Address: 10288 Fox Trail Rd. So.
Apt. 310 WPB. FL. 33411

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: Cassie DiOrsini
Address: 10288 Fox Trail Rd. So
WPB. Apt 310 FL. 33411

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TALLAHASSEE, FLORIDA

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

D. Orsini
Required Signature/Registered Agent

4/29/2011
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.

D. Orsini
Required Signature/Incorporator

4/29/2011
Date