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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP . WAIT MAIL                     |
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|   |
| (Business Entity Name)                  |
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|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

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

| SUBJECT: Maple Leaf Tree Servi                        | ce, Inc.                   | LUDE CHECKY      | <del></del>                               |
|---|----------------------------|------------------|---|
| (PROPOSED CORPORA                                     | TE NAME – <u>MUST INC</u>  | LUDE SUFFIX)     |   |
|   |                            |                  |   |
| Enclosed are an original and one (1) copy of the arti | icles of incorporation ar  | d a check for:   |   |
|   |                            |                  |   |
| \$70.00 \$78.75                                       | \$78.75                    | \$87.50          |   |
| ☐ Filing Fee ☐ Filing Fee                             | Filing Fee                 | Filing Fee,      |   |
| & Certificate of Status                               | & Certified Copy           | Certified Copy   |   |
|   |                            | & Certificate of |   |
|   |                            | Status           |   |
|   | OPY REQUIRED               |                  |   |
|   | <u> </u>                   |                  |   |
|   |                            |                  |   |
|   |                            |                  |   |
| FROM: Patrick Clair Nicholson                         |                            |                  |   |
| Name  | (Printed or typed)         |                  |   |
|   |                            |                  |   |
| 4340 6th Ave N.                                       |                            | ;                | ≥ ≘                                       |
| 1   | Address                    |                  | SECRETAR<br>SECRETAR<br>STATE ASSESSED IN |
|   |                            | 2                | <b>= = = = = =</b>                        |
| St. Petersburg, FL 3371                               | 13                         | C                | 93  |
| <u>Ot. 1 Oto105019, 12 007 1</u><br>City,             | State & Zip                | r                | ن gara                                    |
| •   | •                          | -                | <b>2</b>                                  |
| 843-991-5648  |                            |                  | - 03.5<br>- 03.5<br>- 03.5                |
| Daytime T   | elephone number            | · ·              | S IA                                      |
| ·   | •                          | 3                | <b>5</b> 8                                |
| <u>badeaux.tree@yahoo.co</u>                          | m                          |                  |   |
| E-mail address: (to be used                           | d for future annual report | notification)    |   |

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

; ì

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

| ARTICLE II            | PRINCIPAL OFFICE   |   |   |
|-----------------------|--|---|---|
|                       | Principal street address   |   | ress, if different is:                            |
|                       | 340 6th Ave N.   |   | -   |
| 5                     | St. Petersburg, FL 33713   | tersburg, FL 33713 North Charleston, SC 29405 |   |
| -                     |  | <u></u>                                       |   |
| ARTICLE III           |  |   |   |
| The purpose for w     | hich the corporation is organized is:                                |   | 2 9   |
| Taga Camilas          |  |   | HVISION O   |
| -Tree Service         |  |   | <b>≥</b> ĕĕ                                       |
|                       |  | <b>ਨ</b> ਨੌਜੂ                                 |   |
|                       |  |   |   |
|                       |  |   | <u> </u>  |
| ARTICLE IV            | •  |   | <b>3</b> 39 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € |
| The number of shar    | res of stock is: 100,000   |   |   |
| ARTICLE V             | INITIAL OFFICERS AND/OR DIRECTOR                                     | S   |   |
| Name and Ti           | tle: Patrick Clair Nicholson - President                             | Name and Title:                               | <b>(29</b> 22                                     |
| Address:              | 4340 6th Ave N.  |   |   |
|                       | St. Petersburg, FL 33713   |   |   |
|                       |  | <del></del>                                   |   |
| Name and Ti           | tle:Edward Marshall Badeaux - Vice President                         | Name and Title:                               |   |
| Address:              | 1179 Arant St  |   |   |
|                       | North Charleston, SC 29405   |   |   |
|                       |  |   |   |
| Name and Ti           | itle   | Nama and Title                                |   |
| Address:              | itle:  | Address                                       |   |
| riddi vas.            |  |   |   |
|                       |  |   |   |
| ADTIOL E IT           | DECICTEDED ACESET  |   |   |
|                       | REGISTERED AGENT<br>rida street address (P.O. Box NOT acceptable) of | the registered agent is:                      |   |
| Name:                 | Patrick Clair Nicholson  |   |   |
| Address:              | 4340 6th Ave N   | -   |   |
|                       | St. Petersburg, FL 33713   | -   |   |
|                       | •  |   |   |
| ARTICLE VII           | INCORPORATOR   |   |   |
| Name:                 | Iress of the Incorporator is:  |   |   |
| Address:              | Edward Marshall Badeaux  | -   |   |
| Addiess.              | 1179 Arant St. North Charleston, SC 29405                            | -   |   |
|                       | North Charleston, SC 29405   | -   |   |
|                       | ed as registered agent to accept service of process                  |   |   |
| inis cerujicaie, i ai | n familiar with and accept the appointment as regi                   | sierea ageni ana agree io aci i               | in inis capacity                                  |
| 241                   | $\sim \sim 10^{-1}$  |   | 7/17/11   |
| Taus                  | Required Signature/Registered Agent                                  |   |   |
|                       | required Signature Registered Agent                                  |   | Date  |
| l submit this docu    | ment and affirm that the facts stated herein are                     | true. I am aware that the fai                 | lse information submitted in                      |
|                       | epartment of State constitutes a third degree felony                 |   |   |
| -                     | 1 111 121  | · •   |   |
| ta                    | twood Marry aday   |   | 7/17/11   |
|                       | Required Signature/Incorporator                                      |   | Date  |