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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	ĺ
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SECRETARY OF STATE
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## **COVER LETTER**

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

	,		
SUBJECT: A DISCOUNT LAND	OSCAPING E TREE REMOVAL SUC. TENAME-MUST INCLUDE SUFFIX) 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 & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status  ADDITIONAL COPY REQUIRED		
FROM: ANTONIO GIDDENS Name (Printed or typed)			
9276 BGRLETT LN. Address			
TAII, F. A. 32305 City, State & Zip			
(850) 210 - 8 Daytime T	4 / O elephone number		

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

E-mail address: (to be used for future annual report notification)

I ANTONIO GIDDENS Release THE

NAME DISCOUNT LANDSCOPING & TREE REMOVEL

SUC INC I AM NOT RENEWING THE

RESOLUTION AND I THAN THE NAME

A 100SE TO BE REUSED

9/19/2011

TALL AHASSFE, FLORID

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) DISCOUNT LANDSCAPING & TREE REMOVAL INC. ARTICLE I NAME The name of the corporation shall be: PRINCIPAL OFFICE ARTICLE II Principal street address Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: LANDSCOPING AND CUTTING TREES ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS ANTONID GIDDENS Name and Title:\_ Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: ANTONIO GIDDEN Name: Address: ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Name: Address: 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 Required Signature/Registered Agent 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.

Required Signature/Incorporator