

P12000062768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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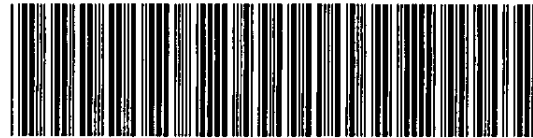
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL 16 AM 11:29
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K 07/18/12

COVER LETTER

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

SUBJECT: Hightower Tree Services, 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: Paul J. Hightower

Name (Printed or typed)

P.O. Box 238361

Address

Cocoa, FL 32923

City, State & Zip

321-4035169

Daytime Telephone number

lisamcmahon70@yahoo.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: Hightower Tree Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
110 Griffin Road
12-266C
Cocoa, FL 32926

Mailing address, if different is:

P.O. Box 238361
Cocoa, FL 32923

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Tree Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul Hightower, President	Name and Title: _____
Address: P.O. Box 238361	Address: _____
Cocoa, FL 32923	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

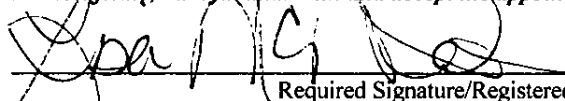
Name: Lisa McMahon
Address: 2454 Lake Debra Drive, #1206
Orlando, FL 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa McMahon
Address: 2454 Lake Debra Drive, #1206
Orlando, FL 32835

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

7/10/12
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.


Required Signature/Incorporator

7/10/12
Date

12 JUL 16 AM 11:28
STATE OF FLORIDA
TALLAHASSEE, FL 32304