

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





400238777784

08/27/12--01005--006 **78.75

12 SEP 24 AM 7:55

8/28



W12-44700

COVER LETTER

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

SUBJECT:

Michael Berrian Tree Service

(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

\$78.75

Filing Fee Filing Fee

& Certificate of

Status

\$78.75

Filing Fee

& Certified Copy

Filing Fee, Certified Copy & Certificate of

Status

\$87.50

ADDITIONAL COPY REQUIRED

FROM:

Michael Berrian

Name (Printed or typed)

272 E. Halifax Avenue

Address

Oak Hill, FL 32759

City, State & Zip

407-625-4698

Daytime Telephone number

N/A

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

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



RECEIVED 12 SEP 24 PM 2: 57

SECHETARY OF STATE
FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2012

MICHAEL BERRIAN 272 E HALIFAX AVE OAK HILL, FL 32759

SUBJECT: MICHAEL BERRIAN TREE SERVICE

Ref. Number: W12000044706

We have received your document for MICHAEL BERRIAN TREE SERVICE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please complete Article(s) I.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 312A00022005

ARTICLES OF INCORPORATION Michael BERRIAN TREE Service INC. In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: PRINCIPAL OFFICE Mailing address, if different is: Principal street address , Halifax AVENUE ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: Ten INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V MICHAEL BERRIAN Name and Title: Name and Title: Address: Address: 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: Address: ARTICLE VII INCORPORATOR The name and address 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