

P12000098909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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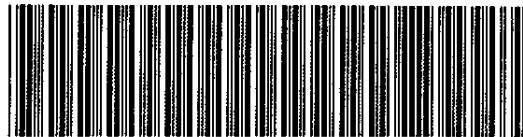
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 DEC -3 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YND 12/4

## COVER LETTER

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

SUBJECT: **Moneytree Trading Company, 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: **Deborah Knighton**

Name (Printed or typed)

**3930 Oleander Way**

Address

**St Pete Beach, Florida 33706**

City, State & Zip

**(813)362-7850**

Daytime Telephone number

**moneytreetradingco@gmail.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: **Moneytree Trading Company, Inc.**

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Deborah Knighton  
3930 Oleander Way  
St Pete Beach, Florida 33706

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To generate monthly income utilizing stock and option trading strategies.

Required activities shall include fundamental research, assessment of technical indicators, expert consultation, seminars, educational training, market monitoring, and trading activities.

## ARTICLE IV SHARES

The number of shares of stock is: **1000**

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deborah Knighton, President

Address: 3930 Oleander Way  
St. Pete Beach, Florida 33706

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Robert Knighton, Vice President

Address: 3930 Oleander Way  
St. Pete Beach, Florida 33706

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: Deborah Knighton  
Address: 3930 Oleander Way  
St. Pete Beach, Florida 33706

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Deborah Knighton  
Address: 3930 Oleander Way  
St. Pete Beach, Florida 33706

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

11-25-12

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

11-25-12

Date