

P 1300000041 54

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

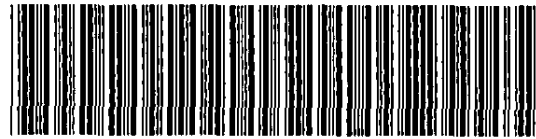
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
13 JAN - 8 PM 4:29

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN - 8 AM 8:20

1/14/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 488842 7918053

AUTHORIZATION :

*Spencer*

COST LIMIT : \$ 87.50

ORDER DATE : January 8, 2013

ORDER TIME : 2:42 PM

ORDER NO. : 488842-005

CUSTOMER NO: 7918053

DOMESTIC FILING

NAME: SHADE TREE, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 JAN -9 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 9, 2013

CSC

SUBJECT: SHADE TREE, INC.  
Ref. Number: W13000001526

**RESUBMIT**

Please give original  
submission date as file date.

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 213A00000589



RECEIVED  
DEPARTMENT OF STATE  
13 JAN 11 AM 10:53

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2013

CSC

SUBJECT: SHADETREE, INC.  
Ref. Number: W13000001885

**RESUBMIT**  
Please give original  
submission date as file date.

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

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 013A00000704

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 JAN -8 AM 8:20

**ARTICLE I NAME**

The name of the corporation shall be: Shadetree Trader, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6917 Collins Avenue  
Unit 1412  
Miami Beach, Florida 33141

Mailing address, if different is:

P.O. Box 971697  
Miami, Florida 33197

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: consulting services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Shannon Rothman, President  
Address: 6917 Collins Avenue  
Unit 1412  
Miami Beach, Florida 33141

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

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: Howard N. Galbut, Esq.  
Address: 4700 Biscayne Blvd, #502  
Miami, Florida 33141

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

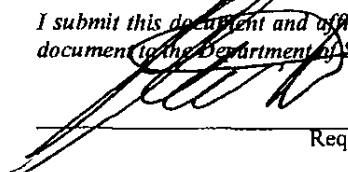
Name: Shannon Rothman  
Address: 6917 Collins Avenue, Unit 1412  
Miami Beach, Florida 33141

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

12/30/12  
\_\_\_\_\_  
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

12/30/12  
\_\_\_\_\_  
Date