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SECRETARY OF STATE

MR921/13

## **COVER LETTER**

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

SUBJECT: TR	REE -TECH	TREE	SURGEON	S.Inc.
	(PROPOSED CO	DRPORATE N	AME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy o	f the articles	of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of State	I	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY R			

FROM:	Michael Curtis Carlton Name (Printed or typed)
	12682 Misty Mountain Dr. E. Address
	Jacksonville FL. 32225 City, State & Zip
	502 - 381 - 0256
	Daytime Telephone number
	Michael CCarl ton @ 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)

The name of the corporation shall be: Tree - Tech	To Commer Inc
The name of the corporation shall be: Tree - Tech	Tree Surgeons Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
12682 Misty Mountain	
Dr. E. Jax. FL. 32275	
Jackson ville, FL	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	na Panagual toiganaina
The purpose for which the corporation is organized is:	ee Revioual, Mining
	ζ.
	7 SE 13
	EILED ERETARY OF CRETARY OF
ADTICITIU CHADEC	50 m
The number of shares of stock is: 1500	SSEE SEE
·	TORS D
ARTICLE V INITIAL OFFICERS AND/OR DIREC	TORS D
Name and Title: Michael Carlto	
Address 12682 Misty	Address:
Mountain Dr. E.	
Jackson ville, FC	
3	<del></del>
_	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

Name and Title:		Name and Title:	FILED				
Address		Address:	13	MAY 20	) PH	4: 06	
				RETARY L <del>AHASSI</del>			
ARTICLE VI The name and Flo	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable) of	the registered agent is:					
Name:	Michael Carlton						
Address:	12682 Misty Mountain Dr. E. Jax. Fl. 32225 Jacksonville, FC	!					
ARTICLE VII	INCORPORATOR						
The name and ad	dress of the Incorporator is:						
Name:	Michael Carlton						
Address:	12682 Misty Mountain						
	Dr. E. Jax. Pl. 32225 Sacksonville, FL						
Having been nam this certificate, ha	ned as registered agent to accept service of process im familiar with and accept the appointment as region	for the above stated corpor istered agent and agree to a	ation a ct in th	at the plac is capacit	e desig V	nated in	
	Required Signature/Registered Agent			5- D:	 ate	<u>-13</u>	
I submit this document to the L	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the fo y as provided for in s.817.15	dse inj 5, F.S.	formation	submi	tted in a	
//	Required Signature/Incorporator			5-	Date	13	