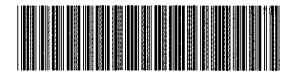
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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3 JUL 18 PH 2: 12

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COVER LETTER

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

SUBJECT: 5	TEPHENS T	REC SERVICE ATENAME-MUSTINCLI	LE AND PROPE	KTY MAINTENA	
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 CO			
FROM: STEVE STEPHENS Name (Printed or typed)					
121 COLEMAN Rot. Address					
CRAWFORDVILLE, FLORIDA, 32327 City, State & Zip,					
	(850) 98 Daytime	0 - 1132 Telephone number			
-	BTEVE STEPHEN E-mail address: (to be use	15 65 @ YAH	•		

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 corporat	ion shall be: STEVE ST	EPHENS	TREE SE	RVICE AND	PROPERTY M
121 ColeMA	VCIPAL OFFICE Principal street address			Mailing address, if	
ARTICLE III PURE The purpose for which the		:			STA
TREE SE	RYICE AND	Prop	ERTY	mai 4-	LEYANCE
					
	State Staphen			·	
Address	121 Coleman	Rd.	Address:		
	CRAW FORDLINE	, FLOR. C	?A	· · · · · · · · · · · · · · · · · · ·	
		32327	-		——————————————————————————————————————
Name and Title:			Name and Title	:	·
Address			Address:		
		<u> </u>			· · · · · · · · · · · · · · · · · · ·
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Name and Title			Name and Title		
Address				*	
Addiess			_ Addiess.		
					

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Stell Stephens 121 Coleman Rd, Coameroralite, FIA 3233		13 JUL 18 PH 2: 12 SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name: Address:	Steve Stephens 121 Colamno Rd, CRAWFORDTILLE, FLA. 325	32-7	
Having been nan	ned as registered agent to accept service of process	for the above stated corporation	n at the place designated in
Shu Simu	Required Signature/Registered Agent		7/18/2013
	ument and affirm that the facts stated herein are a Department of State constitutes a third degree felony		
Have	Hephine Required Signature/Incorporator	, us proviuca joi in s.017.133, P	1/18/2013