

P 1300079251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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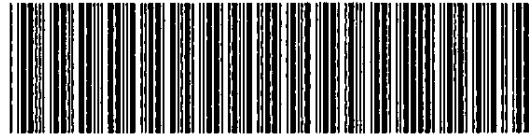
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 23 PM 2:44

Ps 9/25/13

COVER LETTER

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

SUBJECT: Beaches Tree Service 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Billy E Lewis
Name (Printed or typed)

72 Levy Road
Address

Atlantic Beach, Florida 32233
City, State & Zip

(904) 249-4760
Daytime Telephone number

BeachesTreeService@yahoo.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: Beaches Tree Service Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

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Mailing address, if different is:

72 Levy Road

Atlantic Beach, FL 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide tree and vegetation trimming, removal, pruning,
and site clearing

ARTICLE IV SHARES 20

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Billy E Lewis- President and CEO

Name and Title: _____

Address 72 Levy Road
Atlantic Beach, FL 32233

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>13 SEP 23 PM 2:44</u>
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Billy E Lewis; President and CEO
Address: 72 Levy Road
Atlantic Beach, FL 32233

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Billy E Lewis; President and CEO
Address: 72 Levy Road
Atlantic Beach, FL 32233

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

Billy E Lewis
Required Signature/Registered Agent

9-18-13
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.

Billy E Lewis
Required Signature/Incorporator

9-18-13
Date