

P13000088167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

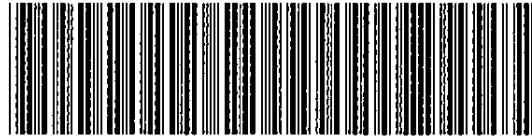
(Business Entity Name)

(Document Number)

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

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13 OCT 28 PM 1:29  
DIVISION OF CORPORATIONS

13 OCT 28 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

VH

## COVER LETTER

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

**SUBJECT:** DISCOUNT LANDSCAPING & TREE REMOVAL 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 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:** ANTONIO GIDDENS  
Name (Printed or typed)  
3539 APALACHEE PKWY #319  
Address  
TALLAHASSEE, FL 32304  
City, State & Zip  
850-210-8410  
Daytime Telephone number  
ANTONIO.GIDDENS@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: DISCOUNT LANDSCAPING & TREE REMOVAL SERVICE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3539 APALACHEE PKWY  
UNIT #319  
TALLAHASSEE, FL 32311

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: President  
Address: ANTONIO GIDDENS  
3539 APALACHEE PKWY, UNIT 319  
TALLAHASSEE, FL 32311

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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13 OCT 28 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE VI REGISTERED AGENT**

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

Name: ANTONIO GIDDENS  
 Address: 3539 APALACHEE PKWY, UNIT 319  
TALLAHASSEE, FL 32311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANTONIO GIDDENS  
 Address: 3539 APALACHEE PKWY, UNIT 319  
TALLAHASSEE, FL 32311

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 TALLAHASSEE, FLORIDA  
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*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*

Antonio Giddens 10/28/13  
 Required Signature/Registered Agent 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.*

Antonio Giddens 10/28/13  
 Required Signature/Incorporator Date