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SECRETARY OF STATE

WB-53108

## **COVER LETTER**

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

SUBJECT: DCS	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM: Crena A. Riaboukha Name (Printed or typed)
11715 57th Road North
Boyal Palm Beach Fr 33411 City, State & Zip
City, State & Zip '
Daytime Telephone number
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2013

LORENA A. RIABOUKHA 11715 57TH RD N ROYAL PALM BEACH, FL 33411

SUBJECT: BASILE'S TREE SERVICE & LAWNS, INC.

Ref. Number: W13000053108

We have received your document for BASILE'S TREE SERVICE & LAWNS, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 013A00022436

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

Principal street address		ing address, if different is:
1715 57th Road Ng		me
ajal Palm Bol, Fr. 3:	3411	
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Name and Title:	Name and Title:			
Address	Address:			
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of Name:  Address:  Addre	SSEE FLOOR			
ARTICLE VII INCORPORATOR	•			
Name: Lenc Richards  Address: H71557th Rd. N	her J. L.F. 33411			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Vam familian with all accept the appointment as registered agent and agree to act in this capacity				
Required Signature/Registered Agent	Date			
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.			
Required Signature/Incorporator	Date			