

PI3000100620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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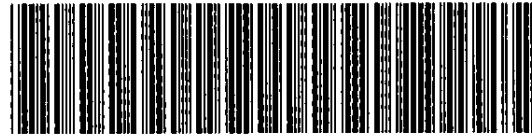
(Business Entity Name)

(Document Number)

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

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13 DEC 18 AM 11:58  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

UMD 12/19

## COVER LETTER

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

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

FROM: Joseph A. Chiellini  
Name (Printed or typed)

9702 Harney Road  
Address

Thonotosassa, FL 33592  
City, State & Zip

813-948-3938  
Daytime Telephone number

jchiellini@ameriscapeusa.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: AmeriTree, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9702 Harney Road

Thonotosassa, FL 33592

Mailing address, if different is:

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RECORDED  
STATE  
OFFICE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: AmeriTree, Inc. will perform a full range of professional services related to the health, care and ongoing maintenance of trees and shrubs. Services will include installations, trimming, pruning, removal, fertilization, pest and disease prevention and treatment, in order to enhance landscapes and preserve the natural environment.

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: Joseph A. Chiellini, President/CEO

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

Address 9702 Harney Road

Address: \_\_\_\_\_

Thonotosassa, FL 33592

Name and Title: Mark Almeda, Vice President

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

Address 9702 Harney Road

Address: \_\_\_\_\_

Thonotosassa, FL 33592

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: Joseph A. Chiellini  
Address: 9702 Harney Road  
Thonotosassa, FL 33592


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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Joseph A. Chiellini  
Address: 9702 Harney Road  
Thonotosassa, FL 33592

*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*

  
Required Signature/Registered Agent

12/15/13  
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.*

  
Required Signature/Incorporator

12/15/13  
Date