

P14000035708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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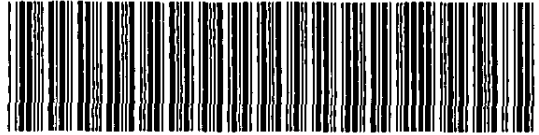
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/14--01013--004 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 18 PM 3:35

RCV
4/22/14

COVER LETTER

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

SUBJECT: ERGONOMIC TREE CARE, 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: CASEY B. SILVERS
Name (Printed or typed)
10355 PARADISE BLVD., No. 311
Address
TREASURE ISLAND, FL 33706
City, State & Zip
727-656-0162
Daytime Telephone number
kcsilvers85@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: ERGONOMIC TREE CARE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10355 PARADISE BOULEVARD
NO. 311

TREASURE ISLAND, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: 100 (NO PAR VALUE).

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CASEY B. SILVERS PRES / DIRECTOR Name and Title: _____

Address: 10355 PARADISE BLVD. Address: _____
NO. 311

TREASURE ISLAND, FL 33706

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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: CASEY B. SILVERS

Address: 10355 PARADISE BLVD., No. 311
TREASURE ISLAND, FL 33706

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CASEY B. SILVERS

Address: 10355 PARADISE BLVD., No. 311
TREASURE ISLAND, FL 33706

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

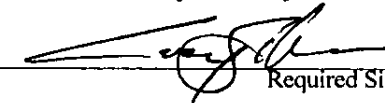


Required Signature/Registered Agent

4/15/14

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

4/15/14

Date