P14000355757

(Requestor's Name)
(Address)
(//////////////////////////////////////
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



06/16/14--01023--011 ***78.75





COVER LETTER

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

Tracy Hewett Lawn & Tree Service, Inc. SUBJECT: (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: Tracy Hewett

Name (Printed or typed)

3967 N. Harbor City Blvd.

Address

Melbourne, FL 32935

City, State & Zip

321-537-6868

Daytime Telephone number

hewetttracy@gmail.com

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

June 19, 2014

TRACY HEWETT 3967 N HARBOR CITY BLVD. MELBOURNE, FL 32935

SUBJECT: TRACY HEWETT LAWN & TREE SERVICE, INC. Ref. Number: W14000038247

We have received your document for TRACY HEWETT LAWN & TREE SERVICE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 814A00013292

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· ,	In compliance with Chapter 607 and/o	or Chapter 621, I	F.S. (Profit)	
TICLE I N/	Tracy Hewett Lawr	n & Tree 🕽	fervice, Inc.	
	UNCIPAL OFFICE			
	Principal <u>street</u> address oor City Blvd.	Mailing address, if different is: 3967 N. Harbor City Blvd.		
lelbourne, FL 32935		Melbourne, FL 32935Professional		
•				
	RPOSE 1 the corporation is organized is:			
A	Tree Service			
		<u> </u>		
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Name and Title	·	Name and Title	: <u> </u>
Address		Address:	

ARTICLE VI REGISTERED AGENT

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

Name:	Tracy Hewett			
Address:	3967 N. Harbor City Blvd.			
	Melbourne, FL 32935			

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Tracy Hewett 3967 N. Harbor City Blvd. Melbourne, FL 32935

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

06/12/2014 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

06/12/2014 Date

(conti.)