



## COVER LETTER

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

SUBJECT: HEDGECO VEGETATION MANAGEMENT - US CORP  
(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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: ARRON ST. LOUIS  
Name (Printed or typed)

620 SOUTH HOLMES BLVD.  
Address

ST. AUGUSTINE, FLORIDA 32084  
City, State & Zip

780-514-0977  
Daytime Telephone number

arron@hedgecomulching.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

February 19, 2016

ARRON ST. LOUIS  
620 SOUTH HOLMES BLVD  
ST AUGUSTINE, FL 32084

SUBJECT: HEDGECO VEGETATION MANAGEMENT-US CORP  
Ref. Number: W16000012580

We have received your document for HEDGECO VEGETATION MANAGEMENT-US CORP and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 916A00003505

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: HEDGECO VEGETATION MANAGEMENT - U.S. CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

620 SOUTH HOLMES BLVD.  
ST AUGUSTINE, FLORIDA 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: we are a company that deals  
with the repurposing of commercial/farm land.  
we operate specialized equipment for the purpose  
of harvesting, collecting, resizing and compacting  
woody Biomass. This product is then resold for  
power generation or burnt for Biochar fertilizer  
to spread back on farm land.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARRON ST. LOUIS  
PRESIDENT

Name and Title: STACY ST LOUIS  
SECRETARY

Address: 620 SOUTH HOLMES BLVD  
ST AUGUSTINE, FLORIDA  
32084

Address: Box 6883  
DRAYTON VALLEY, AB, CANADA  
T7A 1S2

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

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

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

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

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 17 AM 8:01

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: TERRY DE ROIN

Address: 1310 GARRISON DRIVE  
ST. AUGUSTINE, FLORIDA 32092

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Arron St. Louis

Address: 620 South Holmes Blvd.  
St. Augustine, Florida 32084.

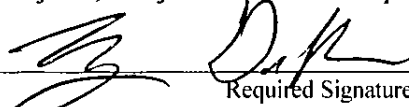
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3-8-2016  
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

March 2/2016  
Date