

P16000032695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

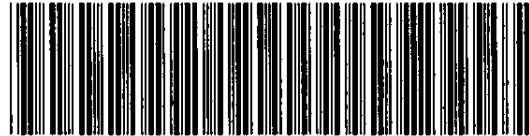
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/17/16--01020--004 **87.50

16 APR 11 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan

APR 13 2016

COVER LETTER

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

SUBJECT: Champion Tree 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

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

FROM: Richie Blasucci
Name (Printed or typed)

18428 NW 237th Street
Address

High Springs, FL 32643
City, State & Zip

(352) 316-9696
Daytime Telephone number

richieblasucci27@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

March 24, 2016

RICHIE BLASNCCI
18428 NW 237TH STREET
HIGH SPRINGS, FL 32643

SUBJECT: CHAMPION TREE NC
Ref. Number: W16000022035

RECEIVED
16 APR 11 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CHAMPION TREE NC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete ARTICLE VI and that person must sign.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 216A00006089

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: Champion Tree Inc.

16 APR 11 PM 4:40

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is
TALLAHASSEE FLORIDA

18428 NW 237th Street

High Springs, FL 32643

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be a safe and reliable tree service. We will be operating in compliance with ANSI 2133.1 Safety Standards and ANSI A300 pruning practices. We intend to partake in activities such as but not limited to: tree trimming and removal using climbing techniques and heavy machinery, professional customer service and full clean up and proper disposal of horticultural waste.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richie Blasucci Name and Title: _____

Address 18428 NW 237th St Address: _____
High Springs, FL
32643

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Richie Blasucci
Address: 18428 NW 237th
Street High Springs FL, 32643

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richie Blasucci
Address: 18428 NW 237th Street
High Springs, FL 32643

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Richie Blasucci
Required Signature/Registered Agent

3/15/16
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.

Richie Blasucci
Required Signature/Incorporator

3/15/16
Date