## P17000087477

(Requestor's Name)	
(Address)	
(Address)	_
(radicss)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

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## **COVER LETTER**

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

SUBJECT: A TREE	E & HAULING, INC		
SUBJECT.	(PROPOSED CORPOR	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
CA FROM:	RLOS VENTO		
FROM:	Nam	e (Printed or typed)	
177	90 46TH COURT NORTH		
		Address	
LO	XAHATCHEE, FL 33470		
	City	. State & Zip	
561	-762-5389		
	Daytime	Felephone number	
CA	RLOSVENTO6170@GMAIL.COM	1	
-	F-mail address: (to be use	ed 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)

RTICLE II PRIN	Principal street address	Mailing	g address, if different is:	
OXAHATCHEE, FI	33470			
RTICLE III PURF the purpose for which	OSE the corporation is organized is:	RIMMING SERVICES	17 0CT 30 PM 4: 2	
				1
<u>RTIÇLE_V _ INITI</u>	f stock is: AL OFFICERS AND/OR DIRECTORS  Le:  17790 46TH COURT NORTH			
ne number of shares of shares of shares of shares of shares and Tite Address  Name and Tite Address	Stock is:  AL OFFICERS AND/OR DIRECTORS  CARLOS VENTO, (PRES, SEC, TR	EAS) Name and Title:  Address:  Name and Title:  Address:		

				1	
Name ar	nd Title:	Name and Title:			<del></del>
Addres	s	Address:			
				_	
	REGISTERED AGENT Torida street address (P.O. Box NOT accepta	bla) of the registered report is:			
Name:	CARLOS VENTO	one) of the registered agent is.			
Name: Address:	17790 46TH COURT NORTH		<i>\$</i> .,	_,	
nddress.	LOXAHATCHEE, FL 33470	<del></del>		7 007	
		<del></del>	31.	730	
RTICLE VII	<u>INCORPORATOR</u>				Til
he <u>name and a</u>	ddress of the Incorporator is:  CARLOS VENTO		A TOTAL PLORES	54 F.	
Name:	17790 46TH COURT NORTH		F.	200	
Address:	LOXAHATCHEE, FL 33470				
	EGAMINICHEE, 12 35470				
	EFFECTIVE DATE:				
If an effective	f other than the date of filing:date is listed, the date must be specific and a	(OPTIONAL) cannot be more than five days prio	r or 90 days a	fter th	ie
iling.)					
	e inserted in this block does not meet the appli effective date on the Department of State's rec		his date will no	nt be h	st <b>c</b> d as
	med as registered agent to accept service of p	rocess for the above stated cornorati			nated in
	am familiar with and accept the appointment				
		as registered agent and agree to act i	in this capacity  1 D - [ ]  Da		 <u>                                    </u>
his certificate, I	am familiar with and accept the appointment  Required Signature/Registered Ager  cument and affirm that the facts stated herei	as registered agent and agree to act in the false of the true. I am aware that the false	1D-1 Da e information	<b>7</b>	<b>,</b>
his certificate, I	am familiar with and accept the appointment	as registered agent and agree to act in the false of the true. I am aware that the false	1D-1 Da e information	<b>7</b>	<b>,</b>