

P180000076197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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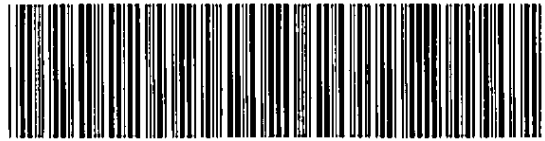
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2018 SEP 10 AM 10:37

SECRET
TALLAHASSEE, FL 32301

SEP 11 2018

K. Brumbley

COVER LETTER

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

SUBJECT: Jolly Tree Giant, 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: Kaylin Michael Lathm
Name (Printed or typed)

208 North Orange Street
Address

New Smyrna Beach, Florida 32168
City, State & Zip

386-547-4647
Daytime Telephone number

Jollygiant1@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

Jolly Tree Giant, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

208 North Orange Street

New Smyrna Beach, Florida 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide all types of tree services on a professional level at fare prices.

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kaylin Michael Latham President

Name and Title: _____

Address 3112 Royal Palm Drive

Address: _____

Edgewater, Florida 32141

Name and Title: Kaylin Michael Latham Treasurer

Name and Title: _____

Address 3112 Royal Palm Drive

Address: _____

Edgewater, Florida 32141

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Kaylin Michael Latham _____

Address: 208 North Orange Street _____

New Smyrna Beach, Florida 32168 _____

ARTICLE VII INCORPORATOR

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

Name: Kaylin Michael Latham _____

Address: 208 North Orange Street _____

New Smyrna Beach, Florida 32168 _____

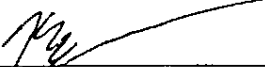
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 16, 2018 _____ (OPTIONAL)

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

August 16, 2018

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

August 16, 2018

Date