## P18000098748

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



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CTC 0.6 2018

K Brumbley

## **COVER LETTER**

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

SUBJECT: TRE	EE BOSS, INC.				
SUBJECT	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the at	rticles of incorporation and	d a check for:		
<b>□</b> \$70.0	00 <b>№</b> \$78. <b>7</b> 5	<b>☎</b> \$78.75	[i \$87.50		
	ee Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	•		
			& Certificate of		
			Status		
		ADDITIONAL CO	OPY REQUIRED		
	DONALD CODIN				
FROM:	ONALD CORUM  Name (Printed or typed)				
5215 CYPRESS PALMS LANE Address					
	TAMPA, FL. 33647				
	City. State & Zip				
		•			
	813-575-6555				

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

treeboss@yahoo.com

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corner	TREE BOSS, INC.				
ARTICLE II PRIN	CIPAL OFFICE				
Principal <u>street</u> address 5212 CYPRESS PALMS LANE		Mailing 16057 TAMPA F	address, if different is: PALMS BLVD #404		
TAMPA, FL. 33647		WEST TAMPA, FL. 33647-2001			
	· ·				
ARTICLE III PURI The purpose for which	the corporation is organized is:	RVICES & DEBRIS REMO	OVAL SERVICES		
-					
			· · · · · · · · · · · · · · · · · · ·		
			<u> </u>		
ARTICLE IV SHAR The number of shares of	RES 100,000 of stock is:		80EC -3		
	IAL OFFICERS AND/OR DIRECTORS				
Name and Ti	ele: RONALD CORUM PRESIDENT	Name and Title: N/A	147 ** 		
Address	5215 CYPRESS PALMS LANE	Address:	·		
TAMPA, FL. 33647	TAMPA, FL. 33647				
		<u> </u>			
Name and Tit	le:	Name and Title: N/A	<del></del>		
Address		Address:			
	. N/A		11-1-1-1		
Name and Tit	le: N/A	Name and Title:			
Address		Address:			

Name and Ti	tle: N/A	Name and Title	N/A
Address			
	GISTERED AGENT la street address (P.O. Box NOT acceptable	e) of the registered ag	ent is:
<del></del>	ONALD CORUM	o, or me regional ug	••••
_	215 CYPRESS PALMS LANE	<del></del>	
_	AMPA, FL 33647		
		<del></del>	
<u>ARTICLE VII INC</u>	<u>CORPORATOR</u>		
The name and addre	ss of the Incorporator is:		
Name:	HERBERT J. BATTISE, JR		
Address:	969 FAIR ST SW		
	ATLANTA, GA. 30314		
(If an effective date	er than the date of filing: NOV. 7, 2018 is listed, the date must be specific and ca	. (O nnot be more than f	PTIONAL) ive days prior or 90 days after the
filing.)  Note: If the date inse	erted in this block does not meet the applica	ible statutory filing re	equirements, this date will not be listed as
	tive date on the Department of State's recor		
Having been named this certificate, I am	as registered agent to accept service of profounding fith and accept the appointment as	cess for the above sta s registered agent and	ated corporation at the place designated in I agree to act in this capacity
	M/(r)		11/24/18
	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein artment of State Constitutes a third degree f		
- H. H.	BH- 1	,	11/2 /
Required	Signature/Incomprator	<del></del>	-11/+/2018 Date

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