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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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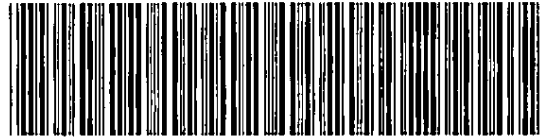
(Business Entity Name)

(Document Number)

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2021 MAR 11 PM 2:24
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COVER LETTER

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

SUBJECT: BIG TIMBER LAND CLEARING, 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: ATTN: Dianna Tucciarone

Name (Printed or typed)

2609 Lake Forest Drive

Address

DeLand, FL 32720

City, State & Zip

386-873-7661

Daytime Telephone number

dianna@straightlinefencefl.com

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

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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

The name of the corporation shall be: BIG TIMBER LAND CLEARING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2609 Lake Forest Drive

DeLand, FL 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: engaging in any lawful business under 2020 Florida
Statutes, Chapter 607- Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Tucciarone, Director

Name and Title: _____

Address 2609 Lake Forest Drive
DeLand, FL 32720

Address: _____

Name and Title: Nathan Freidell, Director

Name and Title: _____

Address 1555 Seminole Run Road
Osteen, FL 32764

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
COUNTY OF VOLUNTEER

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: Mark Tucciarone

Address: 2609 Lake Forest Drive

DeLand, FL 32720

ARTICLE VII INCORPORATOR

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

Name: Akin Law P.A. (Attn: Dain Akin, Esq.)

Address: 600 West New York Avenue

DeLand, FL 32720

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 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

X Mark Tucciarone

Required Signature/Registered Agent

2/15/2021

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.

Dain Akin, Esq.

Required Signature/Incorporator

Date 3/8/2021