

P220 0000 1232

(Requestor's Name)

(Address)

(Address)

(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



400379109124

01/07/22--01007--005 **70.00

2022 JAN - 7 PM 2:23

TALLAHASSEE, FLORIDA

RECEIVED

D. O'KEEFE

JAN - 7 2022

COVER LETTER

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

SUBJECT: Tree Busters 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Russell Lang

Name (Printed or typed)

3419 Galt Ocean Drive Suite A

Address

Fort Lauderdale, FL. 33308

City, State & Zip

828-399-1656

Daytime Telephone number

Floridatreebusters@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

The name of the corporation shall be: Tree Busters Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
3419 Galt Ocean Drive Suite A Fort Lauderdale, Fl 33308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Russell Lang - President

Address 3419 Galt Ocean Drive, Suite A
Fort Lauderdale, Fl. 33308

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: API Processing Licensing Inc
Address: 3419 Galt Ocean Drive Suite A
Fort Lauderdale, Fl. 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Russell Lang
Address: 3419 Galt Ocean Drive Suite A
Fort Lauderdale, Fl. 33308

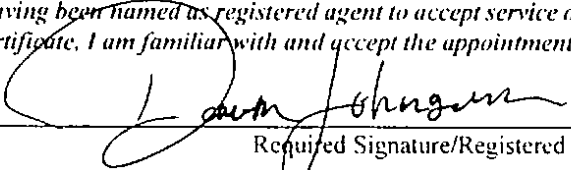
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/07/22 (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.)

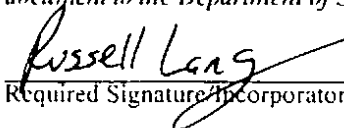
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

01/07/22
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

01/07/22
Date

2022 Jan - 1 - 1:00