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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone | : #) |
| PICK-UP | WAIT | MAIL MAIL |
| (Bı | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

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

| SUBJECT:E | AST COAST TREE WORKS (PROPOSED CORPOR | S, INC. ATE NAME – <u>MUST INCLI</u> | UDE SUFFIX) |
|-------------------------|--|--|---|
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | l a check for: |
| □ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | 5 \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |

| FROM: | ADIN PAUL MASON | | |
|-------|--|--|--|
| | Name (Printed or typed) | | |
| | 4275 LAKE RIDGE DRIVE | | |
| | Address | | |
| | MELBOURNE, FL 32934 | | |
| | City, State & Zip | | |
| | 321-549-1321 | | |
| | Daytime Telephone number | | |
| | adinmason1988@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

EAST COAST TREE WORKS, INC.

ARTICLE 1 - NAME

The name of this corporation is East Coast Tree Works, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal office address is 4275 Lake Ridge Drive, Melbourne, FL 32934 and the mailing address is 4275 Lake Ridge Drive, Melbourne, FL 32934.

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is to engage in any and all business permitted under the laws of the State of Florida.

<u>ARTICLE IV – SHARES</u>

The number of shares of stock this corporation is authorized to issue and have outstanding at any one time is 7,500 shares of common stock having a par value of One Dollar (\$1.00) per share.

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

Name: Adin Paul Mason

Title: Director, President, Secretary and Treasurer

Address: 4275 Lake Ridge Drive

Melbourne, FL 32934

<u>ARTICLE VI – REGISTERED AGENT</u>

The name and Florida street address of the Registered Agent is:

Name:

Adin Paul Mason

Address:

4275 Lake Ridge Drive Melbourne, FL 32934

<u>ARTICLE VII - INCORPORATOR</u>

The name and street address of the Incorporator is:

Name:

Adin Paul Mason

Address:

4275 Lake Ridge Drive Melbourne, FL 32934

ARTICLE VIII - EFFECTIVE DATE

This corporation shall have perpetual existence, commencing upon filing of these Arables rporation.

of Incorporation.

Having been named as registered agent to accept service 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.

Dated: July 5, 2022

ADIN PAUL MASON

Registered agent

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 §817.155, Florida Statutes.

Dated: July 5, 2022

Incorporator