# P9500037644

## TRANSMITTAL LETTER

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Department of State Division of Corporati P.O. Box 6327 Tallahassee, FL 323	ons Sign	01001448359 0579501111004 *122.50 ****122.50
SUBJECT:	(proposed corporate name)	·
Enclosed please find above corporation a	t an original and one (1) copy of the articles of incorpind check in the amount of \$	oration for the
	Name  Name  Address  City, State, & Zip	
	Telephone Number  1950  Telephone Number	13 35/w/95

Note: Additional copy of articles is needed only when certified copy is requested.



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 7, 1995

EARL CHRISTENBURY 6810 S. MILITARY TRAIL LAKE WORTH, FL 33463

SUBJECT: TREE LAND NURSERIES, INC.

Ref. Number: W95000007613

We have received your document for TREE LAND NURSERIES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In reviewing our records, we note there is a(n) TREE LAND NURSERIES, INC., Document number 440862, in existence.

Because of the similarities between the existing corporation and the one you are now seeking to file with us, and because it is our duty to assure that all fees due this office in accordance with section 607.0130(2)(c), Florida Statutes, are collected, we are returning the articles of incorporation unfiled and must request you return the existing corporation to good standing by completing the enclosed reinstatement application and submitting it with the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1992 through the current year, \$138.75 supplemental fee for the years 1992 forward. The total fee to file the reinstatement is \$975.00, therefore, there is a balance of \$852.50 due. Add an additional \$8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick Corporate Specialist

Letter Number: 495A00016072

Horida Desportant of State
Aguas Bundich
Conformate Specialist

Dhan Aguas:

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Thanking Jog.

#### TRANSMITTAL LETTER

Department of Sta Division of Corpor P.O. Box 6327 Tallahassee, FL 3	ations
SUBJECT:	(proposed corporate name)
Enclosed please file above corporation	nd an original and one (1) copy of the articles of incorporation for the and check in the amount of \$
FROM:	Name  Name  6810 5 Military Train  Address  City, State, & Zip  (407 ) 434-1950  Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

## ARTICLES OF INCORPORATION

OF

TREE LAWD LANDSCAPE TO NUNSERIES INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE | NAME

The name of the corporation shall be:

TREE LAND' LANDSCARE & NURSERIES INC

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6810 S MILITARY TRAIL LAKE WORTH F/ 33463

## ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

EARL CHRISTENBURY.
6810 S MILITARY TRAIL

LAKE WORTH FT 33463

#### ARTICLE V INCORPORATOR(S)

The name(s) and tion is(are):	street address(es) of	f the incorporator(s) to these Articles of Incorpora	3•
•	Fill.		

EAR CHRISTENBURY
6810 S PILITARY TRAIL.
LAKE WORTH F/ 33463

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

ne name and addres	s of the regis	<del>-</del> ,			
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	(NAME 5 Milion	ACCEPTAB	/		
(P.	O. BOX <u>NO</u> I	ACCEPTAB	LE)		
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		SIGNATUR		A. Kil	ust
		***** C	(corporati		7
	•	TITLE	1855100	<u> </u>	
. •		DATE	-2-	95	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE 5-2-95