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TRANSMITTAL LETTER

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97 APR -1 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

300002129003--4  
04/01/97--01053--001  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: Bridges Tree Service, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Roy W. Bridges  
Name (Printed or typed)

925 Waverly Road  
Address

Tallahassee, Florida 32312  
City, State & Zip

(904)-386-3636  
Daytime Telephone number

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MAILED

K.R. APR - 1 1997

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

## ARTICLES OF INCORPORATION

*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 I NAME

The name of the corporation shall be:

Bridges Tree Service, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

925 Waverly Road  
Tallahassee, Florida 32312

### ARTICLE III SHARES

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

10,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

C. D. Connell  
5001 Lakefront Drive N-3  
Tallahassee, Florida 32303

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**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):


Roy W. Bridges - President  
925 Waverly Road  
Tallahassee, Florida 32312

335-30-0671

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1st day of April, 19 97.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
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.

1. The name of the corporation is: Bridges Tree Service, Inc.

2. The name and address of the registered agent and office is:

C. D. Connell  
(NAME)  
5001 Lakefront Drive N-3  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
Tallahassee, FL 32303  
(CITY/STATE/ZIP)

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*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.*

Christian D. Connell  
(SIGNATURE)

4/1/97  
(DATE)