## P9712227755

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

P. O. Box 6327 Tallahassee, FL 32314		er er	e de la companya de l	
SUBJECT: Mr	tchell Forestry S (Proposed co	rporate name - must includ	e suffix)	
			80000228 -09/10/97- ****131.2	01031002
Enclosed is an original a	and one(1) copy of the articles	of incorporation and a	check for :	·.
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	U\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	,	ADDITIONAL CO	PY REQUIRED	i
FROM:	T. Neal Mitch Name (P) POBOX 6385/	rinted or typed)	Mase Lane	
	MARIANNA (F-6) City,			SECREIA DIVISION OF 97 SEP
	<u>(850) 48ス-5</u> Daytime T	44년 Clephone number		FCORPO

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

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## ARTICLES OF INCORPORATION The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME Mitchell Forestry SERVICES, INC. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 2894 SPRING Chase LANE POBOX 6385 MARIANNA, FLA. 32447 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One hundres (100) INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: T. Neal mitchell 2894 Spring Chase LANG MARIANNA, FLA. 32446 INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: T. Neal Mitchell POBOX63.85 MARIANNA, FLA. 32447 (An additional article must be added if an effective date is requested.)

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 ogent

Signature/Registered Agent