JJGOOOGGSJS (SAMPLE LETTER OF TRANSMITTAL)

DATE

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

300003043138--3 -11/12/99--01104--011 ****122.50 *****78.75

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

James 7 (Individual's Name)

Keens Tree Surgery
(Name of Corporation)

MAILING ADDRESS OF CORPORATION—

416 Camelia Irail

St. Augustine Ett.

PHONE

(904) 794-0734

Area Code Number Ext.

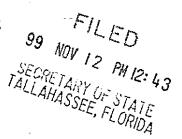
ARTICLES OF INCORPORATION
of
Leens Tree Syraey olac.
(name of corporation)
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:
ARTICLE I - CORPORATE NAME
The name of the corporation is:
Keens Tree Surgery elne.
ARTICLE II - DURATION
St.
This corporation shall exist perpetually unless dissolved according to Florida law.
ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.
ARTICLE IV - CAPITAL STOCK
The corporation is authorized to issue 500 shares of common stock, par value \$ per share.
·
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:
STREET ADDRESS 416 Camelia Trail
CITY St. Augustine FLORIDA ZIP 32086
Mailing address, if different
STREET ADDRESS
The state of the s
CITY FLORIDA ZIP
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT The street address of the initial registers I also and the street address of the initial registers I also a street address of the initial registers I also a street address of the initial registers I also a street address of the initial registers I also a street address of the initial registers I also a street address of the initial registers I also a street address of the initial registers I also a street address of the initial registers I also a street address of the initial registers I also a street address of the initial registers I also a street address of the initial registers.
The street address of the initial registered office and the name of the initial registered agent at the office is:
ADDRESS (COLUT Tacette BPH)

CITY

FLORIDA

ARTICLE VII - II	NITIAL BOARD OF DIRECTORS	
This corporation shall have		e number of directors may be
ther increased or diminished from time to time by the Idresses of the initial director(s) of the corporation are		one (1). The names and
salesses of the limited director(s) of the corporation are	, 45 10110 W 5.	
NAME James Keen	A	
ADDRESS V416 Camelia Trai	ℓ	
CITY St. augustine	STATE Fla	ZIP 32086
NAME U		
ADDRESS		
CITY	STATE	ZIP
NAME		_
ADDRESS		
CITY	STATE	ZIP
ARTICLE	VIII - INCORPORATORS	
te names and addresses of the incorporators signing the	hese Articles of Incorporation are as fo	ollows:
NAME (ama) (and	-	
ADDRESS VALLA Pamalia, Strail	<u> </u>	
CITY St. Augustine	STATE #16	ZIP 32086
NAME U	The fact	7,0000
ADDRESS		
CITY	STATE	ZIP
VAME	SILL	2.11
ADDRESS		
CITY	STATE	ZIP
		10th
ne undersigned incorporator(s) have executed the		<i>IU</i> .
y of 100cmbcR	, 19 <u>99</u> .	
	James Keen	•
	yames Keen	(Signature)
	·	(Cionatura)
		(Signature)
		/a*

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



Keens Tree Surgery, Elnc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 136 Malaga St.
St. augustine, Fl. 32084
has named W. Scott Pacetti CPA
located at the aforesaid address, as its registered agent to accept service of process within this
ctota

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.

M. SWH WIAT Marker Religion (Signature)

11-10-99 (Date)