

N20000011902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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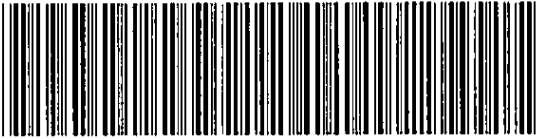
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLARK COUNTY OF STATE
TALLAHASSEE, FLORIDA

2023 MAY -4 AM 8:32

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COVER LETTER

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

SUBJECT: ECO FRIENDLY ROTARY CLUB, INC
CORPORATE NAME

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

☒ \$35.00 ☐ \$43.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$43.75 ☐ \$52.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SAMUEL BOURGEOIS
Name (Printed or typed)

10575 SW CAPTIVA DR
Address

PORT ST LUCIE FL 34987
City, State & Zip

561 484 3926
Daytime Telephone number

PRESIDENT.ECO.FRIENDLY.ROTARY@gmail.com
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation is: ECO FRIENDLY ROTARY CLUB, INC

ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows: _____

Said organization is organized, exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to qualified under section 501c3 of the internal revenue code, or corresponding section have any future tax code.

Upon the dissolution of the organization, for one or more eggs in purposes, what is the meaning of section 501c3 of the internal revenue, code or corresponding section of any future federal tax code, or shall be distributed, or to a state or local government, for public purpose.

ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

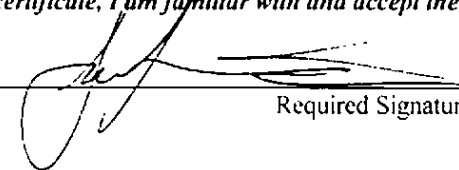
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
<input checked="" type="checkbox"/> Change	P	Samuel Bourgeois	10575 SW Captiva Dr
1) <input type="checkbox"/> Add			Port St Lucie, FL 34987
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	Robert Hill	34 Fairway Dr
<input type="checkbox"/> Add			Cocoa Beach, FL 32931
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input checked="" type="checkbox"/> Change	T	Kathleen McWilliams	10013 GABLE MANOR CT
4) <input type="checkbox"/> Add			Potomac, MD 20854
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Samuel Bourgeois
Address: 10575 SW Captiva Dr
Port St Lucie, FL 34987

Having been named as registered agent to accept service of process 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



Required Signature/Registered Agent

2023/4/28
Date

ARTICLE VI ARTICLE CONSOLIDATION

These adopted restated articles of incorporation supersede the original articles of incorporation and all amendments to them.

ARTICLE VII REQUIRED ADOPTION INFORMATION

Adoption of Amendment(s) (CHECK ONE)

☒ These restated articles of incorporation contain an amendment to the articles of incorporation which required member approval. The date of adoption of the amendments was 2023/4/28, and the votes cast were sufficient for approval

☒ These restated articles of incorporation were adopted by the board of directors.

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 s.817.155, F.S.

Dated: 2023/04/28

Signature: _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

Samuel Bourgeois

(Typed or printed name of person signing)

President

(Title of person signing)

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2023 MAY -4 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA