

N230000 10198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

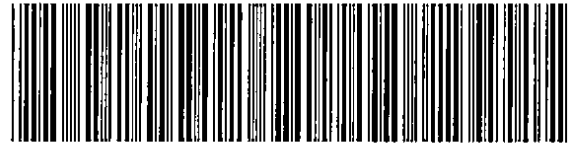
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 21 2006

23 JUL 21 PM 6:14

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W23000085547

COVER LETTER

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

SUBJECT: 100 Trees
(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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jennifer Kennedy
Name (Printed or typed)
5001 Hammock Lake Dr
Address
Coral Gables FL 33156
City, State & Zip
917 263 8200
Daytime Telephone number
Jennyken1@aol.com
E-mail address: (to be used for future annual report notification)

23 JUL 21 PM 6:16
DEPT OF STATE
TALLAHASSEE, FL 32314

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2023

JENNIFER KENNEDY
100 TREES INC,
5001 HAMMOCK LAKES DR
CORAL GABLES, FL 33156 US

SUBJECT: 100 TREES
Ref. Number: W23000085547

We have received your document for 100 TREES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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 (850) 245-6052.

Dil Sultana
Regulatory Specialist II

Letter Number: 923A00013823

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

ARTICLE I NAME

The name of the corporation shall be: 100 Trees Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5001 Hammock Lake Dr
Coral Gables FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 100 Trees is being formed
to raise funds, gather talent and connect
the community towards the end of plant
trees. Our goal is to expand the canopy
of trees in all neighborhoods in Miami Du
County. We are particularly focuses
on planting and maintaining trees in under

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

served comm
nomination

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Kennedy Name and Title: President

Address: 5001 Hammock Lake Dr.
Coral Gables FL 33156

Name and Title: Justin Kennedy Name and Title: Vice President

Address: " " Address: _____

Name and Title: Charlotte Kennedy Name and Title: Secretary

Address: " " Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

Name and Title: Anthony Kennedy Name and Title: treasurer
Address: 5001 Hammock Lake Dr.
Coral Gables Fl. 33156

Name and Title: Claire Kennedy Name and Title: general board member
Address: " " Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jennifer Kennedy
Address: 5001 Hammock Lake Dr.
Coral Gables Fl. 33156

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Jennifer Kennedy
Address: 5001 Hammock Lake Dr.
Coral Gables Fl. 33156

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/1/23 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 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.

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 of Registered Agent

5/22/23
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator

5/22/23
Date

23 JUL 21 PM 6:11
FILED
TALLAHASSEE, FLORIDA