

P08000098598.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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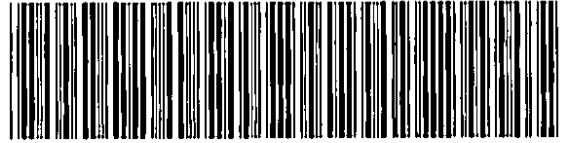
(Business Entity Name)

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JUN 10 2021

COVER LETTER

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

SUBJECT: **REAL TREE TRIMMING & LANDSCAPING, INC.**
CORPORATE NAME

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

☐ \$35.00
Filing Fee

☐ \$43.75
Filing Fee
& Certificate of Status

☐ \$43.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: **KIRK ROBERTSON**

Name (Printed or typed)

2731 HAMMONDVILLE ROAD

Address

POMPANO BEACH FL 33069

City, State & Zip

954 945 1534

Daytime Telephone number

REALTREEMANAGEMENT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

In compliance with Chapter 607 and or Chapter 621, F.S. (Profit)

ARTICLE I NAME REAL TREE TRIMMING & LANDSCAPING, INC.
The name of the corporation is:

ARTICLE II RESTATED ARTICLES **ARTICLE VI- OFFICERS and DIRECTORS**

The text of the Restated Articles is as follows:

THIS CORPORATION SHALL HAVE ONE OFFICER AND ONE DIRECTOR, INITIALLY.

THE NME AND STREET ADDRESS OF THE INITIAL OFFICER AND DIRECTOR WHO SHALL HOLD OFFICE

FOR THE FIRST YEAR OF THE CORPORATION, OR UNTIL THEIR SUCCESSOR IS ELECTED

OR APPOINTED IS:

PRESIDENT

TREASURER

SECRETARY

11:42
-9 PM 3:34
SIO SITE
SIO FL

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change P DINA KESSARIS

☐ Add

☒ Remove

2) ☒ Change PST KIRK ROBERTSON

2731 HAMMONDVILLE RD

POMPANO BEACH, FL 33069

☐ Add

☐ Remove

3) ☐ Change _____

☐ Add

☐ Remove

4) ☐ Change _____

☐ Add

☐ Remove

5) ☐ Change _____

☐ Add

☐ Remove

6) ☐ Change _____

☐ Add

☐ Remove

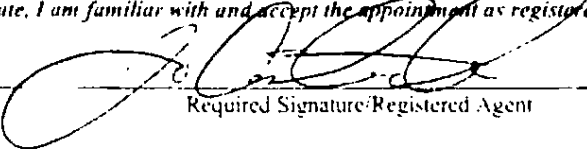
FILE
F1334

ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)

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

Name: JOSE O. CASTANEDA JR, ESQ.
Address: 2900 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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

06/01/2021

Date

ARTICLE VI ARTICLE CONSOLIDATION

These restated articles of incorporation consolidate all amendments into a single document;

ARTICLE VII REQUIRED ADOPTION INFORMATION

Check if applicable:

- ☒ The amendment(s) is/are being filed pursuant to s. 607.0120(1)(c), F.S.

The date of each amendment(s) adoption is: 06/01/2021
if other than the date this document is signed.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting group. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).*

"The number of votes cast for the amendment was/were sufficient for approval by

(voting group)

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: **06/01/2021**

(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: **06/01/2021**

Signature: Sworn Notarized Signature Attached
(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)

Kirk Robertson

(Typed or printed name of person signing)


President, Treasurer, Secretary

(Title of person signing)

VERIFICATION

"Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief."

Dated: 06-01-21


Signature of Party

Printed Name: Kirk Robertson

Title: P.T.S.

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to or affirmed and signed before me on June 1st, 2021 by Kirk Robertson.



WILLIAM BROADWAY
Commission # GG 134508
Expires August 14, 2021
Bonded Thru Budget Notary Services


NOTARY PUBLIC or DEPUTY CLERK

William Broadway

[Print, type, or stamp commissioned
name of notary or deputy clerk.]

☐ Personally known

☒ Produced identification

Type of identification produced Florida Identification