

P12000023404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

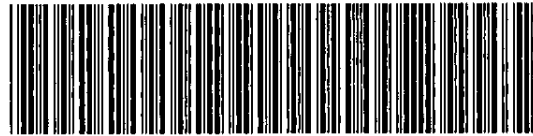
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200224158952

03/08/12--01021--001 \*\*70.00

FILED  
2012 MAR -8 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAR 09 2012

**COVER LETTER**

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

**SUBJECT: FAMILY TREE REALTY, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of Status  
**ADDITIONAL COPY REQUIRED**

FROM: ONEAL G GORDON

Name (Printed or typed)

5980 NW 64TH AVE, UNIT 204

Address

FT LAUDERDALE, FL 33319

City, State & Zip

954-638-8040

Daytime Telephone number

ONEALGORDON@YAHOO.COM

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAR -8 AM 11:50

FILED

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

**FAMILY TREE REALTY INC.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5980 NW 64TH AVE, UNIT 204  
FT LAUDERDALE, FL 33319

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**REAL ESTATE SALES**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ONEAL G GORDON, PRES

Address: 5980 NW 64TH AVE, UNIT 204  
FT LAUDERDALE, FL 33319

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ONEAL G GORDON

Address: 5980 NW 64TH AVE, UNIT 204  
FT LAUDERDALE, FL 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ONEAL G GORDON

Address: 5980 NW 64TH AVE, UNIT 204  
FT LAUDERDALE, FL 33319

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

X

Required Signature/Registered Agent

X 3/6/12  
Date

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.

X

Required Signature/Incorporator

X 3/6/12  
Date

FILED  
2012 MAR -8 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA