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09/15/20--01004--027 **70.00

2020 SEP 20 15 PM 4:37

FILED

Brevard Tree and Crane, Inc.

502 Colony Street
Melbourne Beach, FL 32951

September 10, 2020

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document Number P06000006211
Brevard Tree and Crane, Inc.

Dear Sir or Madam:

The above referenced corporation has been administratively dissolved and I am sending this letter as an affidavit that I will not attempt to reinstate it. Instead, I am attaching the Articles of Incorporation for a new corporation that has the same name, along with the required \$70 fee.

Sincerely,



Kahlae Clarke, President

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COVER LETTER

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

SUBJECT: Brevard Tree and Crane 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Brevard Tree and Crane, Inc.

Name (Printed or typed)

502 Colony Street

Address

Melbourne Beach, FL 32951

City, State & Zip

321-961-1382

Daytime Telephone number

brevardtreecrane@yahoo.com

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

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F11 - 11

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

The name of the corporation shall be: Brevard Tree and Crane, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

502 Colony Street

Melbourne Beach, FL 32951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kahlac Clarke, President

Name and Title:

Address 502 Colony Street

Address:

Melbourne Beach, FL 32951

Name and Title: Bob Clarke, Vice President

Name and Title:

Address 502 Colony Street

Address:

Melbourne Beach, FL 32951

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kahlac Clarke _____

Address: 502 Colony Street _____

Melbourne Beach, FL 32951 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kahlac Clarke _____

Address: 502 Colony Street _____

Melbourne Beach, FL 32951 _____

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 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

Kahlac Clarke 9/10/20
Required Signature/Registered Agent

9/10/2020
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.

Kahlac Clarke 9/10/20
Required Signature/Incorporator

9/10/2020
Date