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## **COVER LETTER**

TO:	Registration Section					
	Division of Corporations  Citrus Sign and Installation	. Inc				
SUB.	JECT:					
		of corporation	- mt	ist include suffix		
Dear !	Sir or Madam:					
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good Stan	ding	and check are sub		
	e return all correspondence concern n Lake	ning this matter	to th	ne following:		
		Name of	Perso	);; (10)		
Citru	s Sign and Installation, Inc.					p. 3
	<del></del> -	Firm/Com	pany	- <del>-</del>		
8815	Conroy Windermere Road, 403					
	.1. 11. 22025	Addre	ss	· <u> </u>		<del></del>
Orian	ido, FL 32835					
aaron	€ citrussignstudio.com	City/State a	nd Zi	p code		
	-	<del></del>			<del></del>	
	t-mail addres	ss: (to be used t	or Iu	ture annual report n	otification)	
For fu	orther information concerning this	matter, please c	all:			
Aaron Lake		407	8	383-2850		
		at (	_) _		· <del>-</del>	_
	Name of Person	Area Code	2	Daytime Telepl	hone Number	
	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Please	sed is a check for the following an make check payable to: FLORIDA I 0.00 Filing Fee	DEPARTMENT ng Fee &	\$78	STATE 2.75 Filing Fee & rtified Copy	□ \$87.50 Fili Certificate Certified C	of Status &

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation: must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY, "CORPORATION,	
N/A			
Wyoming		86-2623147	
March 11, 2021	3. under the law of which it is incorporated)		
July 2021	of incorporation) 5.	(Date of duration, if other than perpe	tual)
al 30 Edooyater	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150)  Original String H. Orlando, FL 32810	2, F.S., to determine penalty liability)	
8815 Conroy Wi	(Principal officindermere Road, #403, Orlando, FL 32835	e <u>street</u> address)	<del></del>
	(Current mailing	address, if different)	,
	t address of Florida registered agent: (P.O. Aaron Lake	Box NOT acceptable)	
Name:	S815 Conroy Windermere Road, #403	<u> </u>	
fice Address:			
	Orlando	32835	
	(City)	Florida (Zip code)	
wing been name signated in this other agree to co	nt's acceptance: ed as registered agent and to accept service application. I hereby accept the appointm apply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agree to act i lative to the proper and complete perfori	n this capacity
	(Registered agent's sig	nature)	

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	Aaron Lake								
□Chairman	Name:	□Chairman	Name:						
□Vice Chairman	8815 Conroy Windermere Road Address:	□Vice Chairman	Address:						
□Director	#403	□Director							
<b>■</b> President	Orlando, FL 32835	□President							
□Vice President		□Vice President							
Secretary	Treasurer	□Secretary	I	□Treasurer					
□Other	□Other	□Other		□Other					
□Chairman	Name:	□ Chairman	Nama						
□Vice Chairman									
	Address:	□ Vice Chairman	Address:						
[]Director		Director							
□President		□President							
□Vice President		□Vice President							
☐ Secretary	□Treasurer	☐ Secretary	İ	□Treasurer					
□Other	□Other	□Other		 □Other					
				• •					
□]Chairman	Name:	□ Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>					
□Director		□Director							
□President		□President							
□Vice President		□Vice President							
□Secretary	□Treasurer	☐ Secretary	[	□Treasurer					
[]Other	Other	□Other	[	Other					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.									
12.	Signature of Director or	Officer							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.  Aaron P. Lake									

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING. do hereby certify that according to the records of this office.

## Citrus Sign and Installation, Inc.

is a

#### **Profit Corporation**

formed or qualified under the laws of Wyoming did on March 11, 2021, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2021-000987660.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of March, 2021 at 8:17 AM. This certificate is assigned ID Number 043230422.

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.