

N11 000003004

(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



100198362451

03/22/11--01014--015 **70.00

FILED

2011 MAR 22 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

sc 3/28

COVER LETTER

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

SUBJECT: THE CITRUS UNIT, MCLA, INC.
(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: **JOAN CECIL**
Name (Printed or typed)

5248 S. VENTI TERRACE
Address

INVERNESS, FL 34452
City, State & Zip

352-726-0834
5248 S. VENTI TERRACE Number

GYSGTJRNO1@EARTHLINK.NET ✓
E-mail address: (to be used for future annual report notification)

FILED
2011 MAR 22 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

ARTICLE I NAME THE CITRUS UNIT, MCLA, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5248 S. VENTI TERRACE
INVERNESS, FL 34452

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
NON-PROFIT FRATERNAL ORGANIZATION

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

OFFICERS WERE APPOINTED BY THE MEMBERSHIP

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELAINE SPIKES, PRESIDENT
Address: 9330 BERKSHIRE AVE
INVERNESS, FL 34452

Name and Title: SHIRLEY SPOTO, JR VICE PRES
Address: 1870 W. TALL OAKS DR.
BEVERLY HILLS, FL 34465

Name and Title: JANET LA CLAIR, SR. VICE PRES
Address: 8877 W. DUNNELLON RD
CRYSTAL RIVER, FL 34428

Name and Title: JOAN CECIL, SEC/TREAS
Address: 5248 S. VENTI TERRACE
INVERNESS, FL 34452

Name and Title: MELISSA SECORE, JUDGE ADV.
Address: 1501 STOWE ST
INVERNESS, FL 34450

Name and Title: ROBIN GREGA, CHAPLAIN
Address: 3164 W. DAFFODIL LANE
BEVERLY HILLS, FL 34465

ARTICLE VI REGISTERED AGENT

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

Name: JOAN CECIL, SEC/TREAS
Address: 5248 S. VENTI TERRACE
INVERNESS, FL 34452

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSLYN SMITH
Address: 6724 E. GLENCOE ST
INVERNESS, FL 34452

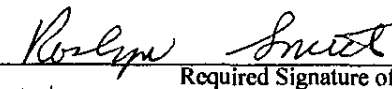
FILED
2011 MAR 22 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

03/19/2011
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

03/19/2011
Date

ROSLYN SMITH