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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 Art	icles of Incorporation and	l 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 CO	OPY REQUIRED		
FROM	: JOAN CECIL Name (P	rinted or typed)	_		
	5248 S. VENT	TI TERRACE	_ 	20	
	INVERNESS,	FL 34452 State & Zip	ECRETAI	2011 MAR 22	Talenta and
	352-726-0834 5248 S. NENTET	ERFLAGE number	ASSEE.FL	PH	'n
	GYSGTJRNO1@		T/	3: 50	

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

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

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

ARTICLE I

ARTICLE II PRINCIPAL OFFICE Principal street address 5248 S. VENTITERRACE INVERNESS, FL 34452 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: OFFICER S WERE APPOINTED BY THE HERBER SHIP ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ELAINE SPIKES, PRESIDENT. Name and Title: SHIRLEY SPOTO, JR VICE PRES. Address: 9330 BERKSHIRE AVE Address: 1870 W. TALL OAKS DR. INVERNESS, FL 34452 Name and Title: JANET LA CLAIR, SR, VICE PRES. Address: 8877 W. DUINNELLON RD Address: 5248 S. VENTI TERRACE CRYSTAL RIVER, FL 34428 Name and Title: MELISSA SECORE, JUDGE ADV. Address: 1501 STOWE ST Address: 3164 W. DAFFODIL LANE INVERNESS, FL 34450 ARTICLE VI REGISTERED AGENT The pame and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: 5248 S. VENTI TERRACE INVERNESS, FL 34452 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. June familiar with and accept the appointment as registered agent and agree to act in this capacity Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. June familiar with and accept the appointment as registered agent and agree to act in this capacity Repaired Signature of Registered Agent Is submit this document and affirm that the facts stated herdin are true. I am aware that any false information submitted in a document is submit this document and affirm that the facts stated herdin are true. I am aware that any false information submitted in a document is submit this document and affirm that the facts stated herdin are true. I am aware that any false information submitted in a document is submit this document and affirm that the facts stated herdin are true. I am aware that any false information submitted in a	ARTICLE I The name of the o	THE CITRUS UNIT, M	CLA, INC.		
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Address: 1501 STOWE ST		CRISTAL RIVER, PL 34428	-	JINVERNESS, FL 34432	
Address: 1501 STOWE ST	Nome and	Fitte: MELISSA SECOPE JUDGE ADV	None and Title	POPINICPECA CHAPLAIN	
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Required Signature of Incorporator ROSCHW SCHETTER Date	U	le la fait	ì		
ROSCAN SMITH		Partition Signature of Incomment			
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