

N17000004270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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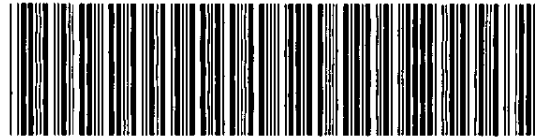
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
17 APR 20 PM 1:24

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 APR 20 PM 1:10

C. GOLDEN

APR 20 2017

COVER LETTER

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

SUBJECT: _____

Vitamin

C by Citrus Elite 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: Kristi J. Cobba
Name (Printed or typed)

822 Floral Street
Address

Tallahassee, Florida 32310
City, State & Zip

850-251-4243
Daytime Telephone number

Kristjacobba@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be:

Vitamin C by Citrus Elite, INC

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

17 APR 20 PM 1:24

822 Floral Street

Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help form, maintain, repair and
rejuvenate the community through outreach, education,
motivation and efficient service.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

all board
members are elected by a vote from each member.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Chairman	
Name and Title: <u>Edward Granison Jr</u>	Name and Title: <u>Nicole Johnson - Secretary</u>
Address: <u>214 Columbia Dr Apt B11</u>	Address: <u>822 Floral Street</u>
<u>Tallahassee, FL 32304</u>	<u>Tallahassee, FL 32310</u>

Name and Title: <u>Kristi Cobb - CEO</u>	Name and Title: _____
Address: <u>822 Floral Street</u>	Address: _____
<u>Tallahassee, FL 32310</u>	_____

Name and Title: <u>Eureka Jenkins - Treasurer</u>	Name and Title: _____
Address: <u>1900 Keith Street</u>	Address: _____
<u>Tallahassee, FL 32310</u>	_____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 APR 20 PM 1:24

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: Kristi J. Cobb

Address: 822 Floral Street

Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristi J. Cobb

Address: 822 Floral Street

Tallahassee, FL 32310

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

Kristi J. Cobb
Required Signature of Registered Agent

4/20/17
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.

Kristi J. Cobb
Required Signature of Incorporator

4/20/17
Date