

TRANSMITTAL LETTER

P00000080933

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

500003366795--2  
-08/22/00--01020--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: CITRUS DOME CO., 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: CARL H. WHITE

Name (Printed or typed)

P.O. BOX 1296

Address

HERNANDO, FLORIDA 34442

City, State & Zip

352-637-0989

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 AUG 22 AM 8:42

FILED

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

T. Burch AUG 28 2000

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

CITRUS DOME CO., INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1583 N. CROFT AVENUE  
INVERNESS, FL 34453

MAILING: P.O. BOX 1296  
HERNANDO, FL 34442

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CARL H. WHITE  
1583 N. CROFT AVENUE  
INVERNESS, FL 34453

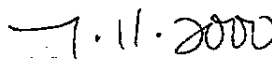
### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CARL H. WHITE  
P.O. BOX 1296  
HERNANDO, FL 34442



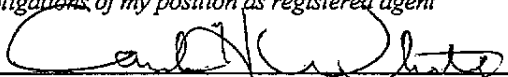
Signature/Incorporator



Date

(An additional article must be added if an effective date is requested.)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent*



Signature/Registered Agent



Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 AUG 22 AM 8:42

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