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TRANSMITTAL LETTER

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

SUBJ	ECT:		TRUS, INC. rate name - must includ	le suffix)	<u></u>
	sed is an check for		1) copy of the articl	les of inc	orporation
	\$70.00 Filling Fee	\$78.75 Filing Fee Certificate of Status	\$78.75 Filing Fee & Certified Copy	, L.,	\$87.50 Filing Fee, Certified Copy & Certificate of Status
			ERANZA ROMAN Name (Printed or Typed)	***
,		58_5	S. MAGNOLIA STRE Address	ET	
		FELI	LSMERE, FLORIDA City, State & Zip	32948	<i>:</i>
			- 571-0954 aytime Telephone numb	per	e sans a st Spike in the Sans Spike in the Sans state in the Sans

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

JEACITRUS, INC.

ARTICLE II PRINCIPAL OFFICE

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

BUSINESS ADDRESS: 58 S. MAGNOLIA STREET FELLSMERE, FL 32948 MAILING ADDRESS: P.O. BOX 923 FELLSMERE, FL 32948

ARTICLE III SHARES

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

10,000 SHARES (COMMON VOTING)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is: ESPERANZA ROMAN 58 S. MAGNOLIA STREET FELLSMERE, FLORIDA 32948

Filing Fee: \$ 70.00

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ESPERANZA ROMAN 58 S. MAGNOLIA STREET FELLSMERE, FLORIDA 32948

ne unaersignea a ncorporation this	ncorporator(s) has(h	day of _	Libra	ary,	oj 2003.
Ž	Esperanza Signature	Roman			
-	Signature	.		•	
•••	Signature				

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	J E A CITRUS, INC. (must include suffix)	3FEB 18 AM
2. The name and address of the registered	i agent and office is:	AH ID: GO
ESPERANZ/	A ROMAN (Name)	
58 S. MAGI	NOLIA STREET I Drop Box NOT Acceptable)	
	E. FLORIDA 32948 (City/State/Zip)	

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.

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314