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| , (Re                                   | questor's Name)                       |             |  |  |
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| ☐ PICK-UP                               | ☐ WAIT                                | MAIL        |  |  |
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| (Bu                                     | siness Entity Name)                   |             |  |  |
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| Certified Copies Certificates of Status |                                       |             |  |  |
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| Special Instructions to Filing Officer: |                                       |             |  |  |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2 2 /1 O

# TRANSMITTAL LETTER

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

| SUBJECT: ORG            | SANIZIT!, INC.                               |                                                      |                                                                          |
|-------------------------|----------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------|
|                         | (PROPOSED CORPOR                             | ATE NAME <u>– MUST INCL</u>                          | UDE SUFFIX)                                                              |
| Enclosed are an orig    | final and one (1) copy of the ar             | ticles of incorporation and                          | l a check for:                                                           |
| □ \$70.00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fec, Certified Copy & Certificate of Status  PPY REQUIRED |
| FROM:                   | CHERYL MU<br>Nam                             | JLLEN<br>ic (Printed or typed)                       |                                                                          |
| i ·                     | 1147 THE F                                   | POINTE DRIVE Address                                 | · · · · · · · · · · · · · · · · · · ·                                    |
|                         |                                              | M BEACH, FL 33409<br>y, State & Zip                  |                                                                          |
|                         | 561-615-3                                    | 771                                                  |                                                                          |

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

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

ORGANIZITI, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

BUSINESS:

MAILING:

1147 THE POINTE DRIVE

PO BOX 221213

WEST PALM BEACH, FL 33409

WEST PALM BEACH, FL 33422-1213

## ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL ORGANIZER

## ARTICLE IV **SHARES**

The number of shares of stock is:

ONE

# INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CHERYL MULLEN, PRESIDENT 1147 THE POINTE DRIVE

WEST PALM BEACH, FL 33409

# REGISTERED AGENT

The name and Florida street address of the registered agent is:

**CHERYL MULLEN** 1147 THE POINTE DRIVE WEST PALM BEACH, FL 33409

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHERYL MULLEN 1147 THE POINTE DRIVE WEST PALM BEACH, FL 33409

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

JULY 16, 2003

Date

JULY 16, 2003

Date