P66000144548

| (Requestor's Name) | | | | |
|---|---|------------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (Cil | iy/Gtate/Zip/F110116 | ~ 11) | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies | Certified Copies Certificates of Status | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE SECRETARY OF STATE

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COVER LETTER

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

| SUBJECT: | CITA E | XCHANGE | S INC. | |
|--|--|--|--|--|
| Enclosed are an orig | (PROPOSED CORPORA | | a check for: | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| FROM: | Carmer Name | (Printed or typed) | | |
| 918 E. 25 th Av. | | | | |
| | Tamp City | a,FL 33605 State & Zip | | |
| 813 · 299 · 0775 Daytime Telephone number | | | | |

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

| | • | | | |
|--------|-------|-------|-----|------|
| ARTICI | ES OF | INCOR | POR | TION |
| | | | | |

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

FILED

06 NOV 16 AH 4: 22

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

CITA EXCHANGES INC.

SECHETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

918 E. 25th Av. Tampa, FL 33605

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any + All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1500 Shares at \$0.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carmen Koly: Pres, Director 918 E. 25th Av. Tampa, FL 33605

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Carmen Koly 918 F. 25th Au, Tampa, FL 3360S

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carmen Koly 918 E. 25th Au, Tampa, FL 33605

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

| Gode lles | 11 114 106 |
|----------------------------|------------|
| Signature/Registered Agent | Date |
| Coulle | 1114166 |
| Signature/Incorporator | Date |