

PO7000120417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

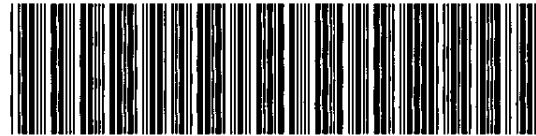
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000110146020

10/04/07--01041--004 \*\*78.75

FILED

07 NOV -5 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2007

JEFFREY L. SCHORNER  
P.O. BOX 650808  
VERO BEACH, FL 32965

SUBJECT: THE KING OF CITRUS, INC.  
Ref. Number: W07000049782

We have received your document for THE KING OF CITRUS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

*\* Letter from owner \**  
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P97000101100 ( THE KING OF CITRUS, INC. ).

*\* changed to physical address \**  
Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen Saly  
Regulatory Specialist II  
New Filing Section

Letter Number: 407A00059093

Oct. 25, 2007

Dear ms. Saly.

I have changed the Principal Office address to the Physical Address. I also had Jorge Viamontes write a letter as you instructed.

Please if there is anything else just let me know.

Sharon Schorner  
772-460-0556

## COVER LETTER

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

SUBJECT: The King of Citrus, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Jeffrey L. Schorner

Name (Printed or typed)

P.O. Box 650808

Address

Vero Beach, FL 32965

City, State & Zip

772-460-0556

Daytime Telephone number

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

FILED

07 NOV -5 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 25, 2007

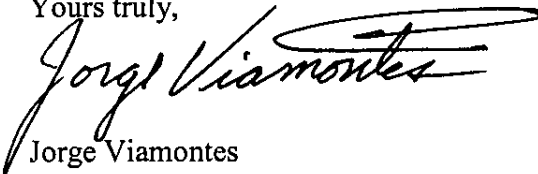
Florida Dept. of State  
Division of Corporations  
Att: Karen Saly  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Saly:

I, Jorge Viamontes, have no intention of revoking the voluntary dissolution of The King Of Citrus, Inc.

Thank you for your cooperation.

Yours truly,

A handwritten signature in black ink that reads "Jorge Viamontes". The signature is fluid and cursive, with a large loop at the end of the last name.

Jorge Viamontes  
1918 Wyoming Ave  
Ft. Pierce, FL 34982  
772-595-1437

Document # P97000101100

**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:

The King of Citrus, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. Box 650808  
VERO Bch, FL 32965

Physical Address:  
2001 N. Kings Hwy  
Ft. Pierce, FL 34951

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all legal purposes.

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Jeffrey L. Schorner , President  
P.O. Box 650808  
Vero Beach, FL 32965

Sharon K. Schorner, Vice-President  
P.O. Box 650808  
Vero Beach, FL 32965 J.A.

**ARTICLE VI REGISTERED AGENT**

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

Jeffrey L. Schorner  
2001 N. Kings Hwy.  
Ft. Pierce, FL 34951

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jeffrey L. Schorner  
P.O. Box 650808  
Vero Beach, FL 32965

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

9/27/07  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/27/07  
\_\_\_\_\_  
Date