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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Sertified Copies Certificates of Status  Special Instructions to Filing Officer:			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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### **COVER LETTER**

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

SUBJECT: Central Florida Citrus Packers 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 \$78.75 **\$78.75 ☑** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: John Roberts Name (Printed or typed) po box 1311 Address Mango, FI 33550 City, State & Zip 813-494-6751

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

Daytime Telephone number

# 2008 JUL 28 PM 4: : Micketary of Stat

### 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:

Central Florida Citrus Packers Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3546 N. 40th Street Tampa, FI 33605 Mailing Address po box 1311 Mango< FI 33550

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Citrus Packing House

## ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Roberts S. Congdon President 3400 Pryor Road Haines City,FL 33844
John Roberts Vice President 9919 Windsor Club Drive Riverview, FL 33578
Chrysti Roberts Secretary Treasurer 9919 Windsor Club Drive Riverview,FL 33578

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: John Roberts 11402 Colony Hills Drive Seffner,FL 33584

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: John Roberts 11402 Colony Hills Drive Seffner,FL 33584

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 Algent

Signature/Incorporator

Date

Date