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(Business Entity Name)

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2015 JUN -8 PM 3:45
CLERK OF COURT
CLARK COUNTY, NV

*005

6/11/15

COVER LETTER

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

SUBJECT: Citrus Software Corporation

(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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Citrus Software Corporation

Name (Printed or typed)

131 Samuel Street

Address

Citrus Ridge, FL 33897

City, State & Zip

863-236-3551

Daytime Telephone number

alohakona@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

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: Citrus Software Corporation

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

131 Samuel Street

Citrus Ridge, FL 33897

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to develop and distribute computer software and educational products,
such as textbooks, assessments, and learning materials, for primary and secondary schools.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Lembke, President

Address 131 Samuel Street

Citrus Ridge, FL 33897

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: William Lembke _____

Address: 131 Samuel Street _____

Citrus Ridge, FL 33897 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Lembke _____

Address: 131 Samuel Street _____

Citrus Ridge, FL 33897 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

William Lembke

Required Signature/Registered Agent

06/01/2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

William Lembke

Required Signature/Incorporator

06/01/2015

Date