

P/6000016704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

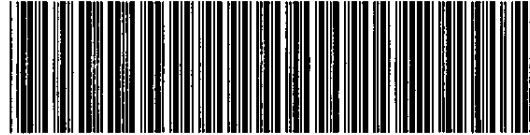
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SPRINGFIELD, MA 01103

FEB 23 2016

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COVER LETTER

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

SUBJECT: CITADEL MISSILE SYSTEMS INCORPORATED
(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: HARRIS S. FRIED
Name (Printed or typed)

P.O. Box 2840
Address

PALM BEACH, FL. 33480
City, State & Zip

561-596-4559
Daytime Telephone number

HARRIS.FRIED@GMAIL.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: CITADEL MISSILE SYSTEMS INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address: 712 OLSENDR AVS UNIT #4 PALM BEACH, FL. 33480

Mailing address, if different is: CITADEL MISSILE SYSTEMS INCORPORATED P.O. Box 2840 PALM BEACH, FL-33480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Company shall be to acquire and/or invest in companies (both private and public, US or International) which manufacture parts or components for MISSILE DEFENSE SYSTEMS and any other lawfully permitted business activity.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HARRIS S. FRIED, CHAIRMAN Address: P.O. BOX 2840 PALM BEACH, FL- 33480

Name and Title: Address:

Name and Title: Address:

Name and Title: Address:

Name and Title: Address:

Name and Title: Address:

16 FEB 11 PM 4:04

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: HARRIS S. FRIED
Address: 212 OLEANDER AVE, #4
PALM BEACH, FL. 33480

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: HARRIS S. FRIED
Address: P.O. Box 2840
PALM BEACH, FL. 33480

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

Harris S. Fried _____ 2/5/16
Required Signature/Registered Agent 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.

Harris S. Fried _____ 2/5/16
Required Signature/Incorporator Date