

(((H18000197970 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations	
	Fax Number : (850)617-6381	
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, I	NC.
	Account Number : I2000000019 Phone : (305)552-5973	
	Fax Number : (305)675-5944	
**Enter	the email address for this business entity to be used	for future
an	nual report mailings. Enter only one email address ple	ase.**
5.	ail Address:	
En	311 Address	
	FLORIDA PROFIT/NON PROFIT CORPORATI	ON
<u></u>	FLORIDA PROFIT/NON PROFIT CORPORATI	ION Asia E
	PINEAPPLECITIZEN, INC.	
IDK SEL	PINEAPPLECITIZEN, INC.	UN JUL
	PINEAPPLECITIZEN, INC.	SECREIA
MERCIAL SPERCIAL SFRVICES	PINEAPPLECITIZEN, INC.	UNU JUL -6 A
- SERVICES	PINEAPPLECITIZEN, INC.Certificate of Status0Certified Copy1Page Count03	UNU JUL -6 A
AMERCIA SFRVIC	PINEAPPLECITIZEN, INC.         Certificate of Status       0         Certified Copy       1	UNU JUL -6 A
A RANCE	PINEAPPLECITIZEN, INC.Certificate of Status0Certified Copy1Page Count03	UNU JUL -6 A
A SERVICE	PINEAPPLECITIZEN, INC.Certificate of Status0Certified Copy1Page Count03	UNU JUL -6 AM 8: SECRETARY 5, STA ALLAHASSEE, FLOR
- TAT	PINEAPPLECITIZEN, INC.Certificate of Status0Certified Copy1Page Count03	UNU JUL -6 A

**Electronic Filing Menu** 

Corporate Filing Menu

Help

 ٧IJL
 0
 9
 2019

 T.
 SCOTT

•

۰.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Effective Date: 7/1/18 ARTICLEI NAME: The name of the corporation is:

Pineapple Citizen, Inc.

## ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

		Street, Suite	1,	
Miam	ii, Florida		· · · · · · · · · · · · · · · · · · ·	
	,			
		<del>,</del>	-	
<u> </u>				

ARTICLE IV	INITIAL DIRECTORS AND/OR OFFICERS:	ASE	2018	
Ana Maria	Ruiz, President		INF B	
Laurel Ann	Bolton, Vice President_	1A AS	1	·
		<u>m</u> ≺ 	б С	{**
······································		<u> </u>	AN	11,
		2-	<b>6</b> .9	λ,
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ယ စာ	

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ana M	<u>laria</u>	Ruiz	
8000	NW	315+	Street Suitel
Miami		F Lorida 3	3122

ARTICLE VI \_\_\_ INCORPORATOR: The name and address of the Incorporator is:

	Ang	Maria	<u> Ruiz</u>	
_	8000	NW	<u>31st</u>	street suite1
_	Miami	Florida		33122

H18000197970

.

• .

## **Required Signatures:**

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

07/06/2018 Date Registered Agont

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.

2018 07. 06 Date Incorporator

÷