Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : USACORP INC. Account Number : 120130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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≝‱Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION CITRUS PARTNERS I INC.

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JUN 0 5 2019

To:17184082550 Fax:18506176381

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation sh	all be: CITRUS PARTNERS I IN	C. 		
Princi	Principal <u>street</u> address OUNE 168TH ST		Mailing address, if different is:	
NORTH MIAMI BEACH, FI				
	poration is organized is:			
IRTICLE IV SHARES	s: 200		19 JUN - 4	
	FICERS AND/OR DIRECTORS NA FISCHER,	Name and Title:		
Address 600 P	TH MIAMI BEACH, FL 33162		3 3	
Name and Title:		Name and Title:	······································	
Address		Address:		
<u> </u>		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

To:17184082550 Fex:18506176381

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	CHANA FISCHER		
Address:	600 NE 168TH ST		
	NORTH MIAMI BEACH, FL 33162		19
ARTICLE VII	INCORPORATOR		JUH -I
The name and a	address of the Incorporator is:		
Name:	CHANA FISCHER		a
Address:	600 NE 168TH ST		11: 24 11: 24
	NORTH MIAMI BEACH, FL 33162		¥
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can iling.)	. (OPTIONA mot be more than five busin	.L.) ness days prior or 90 business
Note: If the dat he document's	e inserted in this block does not meet the applicab effective date on the Department of State's record	ole statutory filing requirements.	nts, this date will not be listed as
laving been nu his certificate, l	med as registered agent to accept service of proce am familiar with and accept the appointment as a	ess for the above stated corp registered agent and agree to	oration at the place designated in act in this capacity
	/s/ CHANA FISCHER		05/31/2019
	Required Signature/Registered Agent		Date
submit this do locument to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the lony as provided for in s.817.	false information submitted in a 155, F.S.
	s/ CHANA FISCHER	•	05/31/2019
Requ	ured Signature/Incorporator	·····	Date