

10/7/22, 2:12 PM

Division of Corporations  
**P22000077388**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000345195 3)))



H220003451953ABC+

**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 : HUBCO  
 Account Number : 104662003400  
 Phone : (516)935-3940  
 Fax Number : (516)935-3088

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: UEGRILLC@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 CITRUS AUTO REPAIR SERVICES COMPANY**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

**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 AUTO REPAIR SERVICES COMPANY

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5175 WEST RANGER STREET  
BEVERLY HILLS, FL 34465

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 200 AT NO PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RAYMOND E WOODARD JR - PRESIDENT/DIRECTOR

Address 5175 WEST RANGER STREET  
BEVERLY HILLS, FL 34465

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

2022 OCT 7 PM 2:05

DocuSign Envelope ID: 02EF4F10-37CA-4533-A570-F4CDB55883AA

H22000345195

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: RAYMOND E WOODARD JR

Address: 5175 WEST RANGER STREET

BEVERLY HILLS, FL 34465

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: RAYMOND E WOODARD JR

Address: 5175 WEST RANGER STREET

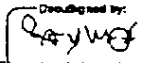
BEVERLY HILLS, FL 34465

**ARTICLE VIII EFFECTIVE DATE:**

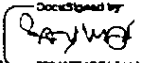
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

 <small>DocuSigned by:</small> <small>7736487C0D5F1C4AA</small>	<u>OCTOBER 7, 2022</u>
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.*

 <small>DocuSigned by:</small> <small>7736487C0D5F1C4AA</small>	<u>OCTOBER 7, 2022</u>
Required Signature/Incorporator	Date

5009 Nov - 7 AM 2022

H22000345195