

TRANSMITTAL LETTER

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

P96000085243

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 14 AM 9:00

SUBJECT:

CITRAMAX INC.

(Proposed corporate name - must include suffix)

500001973455--2
-10/15/96--01028--006
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

WILLIAM C. CHANDLER

Name (Printed or typed)

949 SW 131 AVE

Address

DAVIE, FLORIDA 33325

City, State & Zip

1-954-472-5993

Daytime Telephone number

5/10/16

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CITRAMAX INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

949 S.W. 131 AVE
DAVIE, FLORIDA
33325

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM CHANDLER
949 S.W. 131 AVE
DAVIE, FLORIDA
33325

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM CHANDLER
949. SW. 131 AVE
DAVIE, FLORIDA
33325

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9 day of OCTOBER, 19 96.

(An additional article must be added if an effective date is requested.)

William C. Chandler

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is

CITRAMAX INC.

2. The name and address of the registered agent and office is:

WILLIAM C. CHANDLER
(NAME)

949 S.W. 131 AVE
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DAVIE, FLORIDA 33325
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

William C. Chandler
(SIGNATURE)

10/9/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314