79980 TRISMITTAL ETTEN 32

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

SUBJECT:	ERINI LEAT, (Proposed corpor		00002642 -09/17/98(*****78.75 fix)	01005009	
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a c	check for :	7	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: _	LES LERNER Name (Printed or typed) 6337 HIGHWAY 393 Address Address				
CRESTVIEW, FL 32539 37 5 City, State & Zip					
	<u> 70%</u>	ZATION BY PHONE PO	9/14	20	

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

ARTICLES OF INCORPORATION

Business Corporation Act, hereby adopts the following Articles of Incorporation.	
ADMINISTRAÇÃO TO	
ARTICLE I NAME	
The name of the corporation shall be:	
LERINI OSTRICH LEATHER CORP. FISH SO	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
6227 HIGHWAY 393	
CRESTVIEW, 71 32539	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
100	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	
LES LERNER	
6227 HIGHWAY 393, CRESTVIEW, FL 32539	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
LES LERNER	
LES LERNER	
GRESTVIEW, FL 32539	
CRESTVIEW, I-L 34337	
Signature/Incorporator	
Signature/Incorporator Date	

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

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

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Signature/Registered Agent	•	9-10-5P Date