

P21000047136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

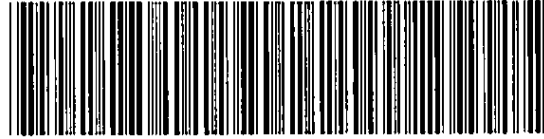
(Business Entity Name)

(Document Number)

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**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/19/2021

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 920122

**ORDER ENTITY**  
LEOKING INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

LEOKING INC. (FL)

Please file the attached articles and provide a certified copy.

**NOTES:**

\$78.75 Authorized  
Email address for annual report reminders: jim@weinbergpc.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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: LeoKing Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2005 JEFFERSON STREET

SUITE 207

HOLLYWOOD, FL 33020

Mailing address, if different is:

2005 JEFFERSON STREET

SUITE 207

HOLLYWOOD, FL 33020

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: NATALIA CHIVNIUC, DIR.

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

Address 2005 JEFFERSON STREET

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

SUITE 207

HOLLYWOOD, FL 33020

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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: NATALIA CHIVNIUC

Address: 2005 JEFFERSON STREET, SUITE 207

HOLLYWOOD, FL 33020

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SECTION OF STATE  
TALLAHASSEE, FL

ED

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: LAWRENCE A. KIRSCH

Address: 90 STATE STREET, SUITE 815

ALBANY, NY 12207

**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*

S/Natalia Chivniuc  
Required Signature/Registered Agent

05/19/2021

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.*

Lawrence A. Kirsch  
Required Signature/Incorporator

05/19/2021

Date