

F24000001700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

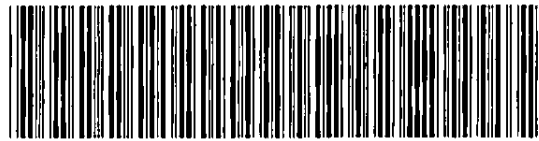
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 13 2024



2024 MAR 13 AM 11:30

FILED

MS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEEAIISON, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

- DAVID B. LEE
Name of Person
LEEAIISON, INC.
Firm/Company
14583 MILLHOPPER ROAD
Address
JACKSONVILLE, FL. 32258
City/State and Zip code
DAVID.LEE@LEEAIISONINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID B. LEE at (904) 534-7828
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LEEAI SON, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. IOWA 3. 88-0849349
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-18-2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 14583 MULHOPPER ROAD JACKSONVILLE FL.
(Principal office street address)

32258

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOSHUA J. JOHNSON

Office Address: 701 MARKET STREET
ST. AUGUSTINE, Florida 32095
(City) (Zip code)

2024 MAR 13 AM 11:30

FILED

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joshua J. Johnson

Required Signature/Registered Agent

03/10/2024

Date

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: DAVID B. LEE
☐ Vice Chairman Address: 14583 MILLHOPPER
☐ Director ROAD
☒ President JACKSONVILLE, FL
☐ Vice President 32258
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: MARY B. LEE
☐ Vice Chairman Address: 14583 MILLHOPPER
☐ Director ROAD
☐ President JACKSONVILLE, FL
☒ Vice President 32258
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

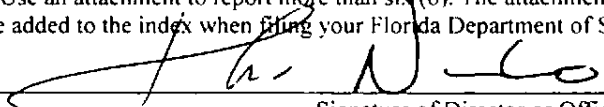
☐ Chairman Name: THOMAS NUOO
☐ Vice Chairman Address: 61 SURFSONG ROAD
☒ Director KIAWAH ISLAND, SC.
☐ President 29455
☐ Vice President CELL # 217-415-0148
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: DENISE M. NUOO
☐ Vice Chairman Address: 61 SURFSONG ROAD
☒ Director KIAWAH ISLAND, SC.
☐ President 29455
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: WILLIAM D. DODDS
☐ Vice Chairman Address: 3390 16 MILE RD.
☒ Director MARION, MI
☐ President 49665
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: CHARLENE M. DODDS
☐ Vice Chairman Address: 3390 16 MILE RD.
☐ Director MARION, MI
☐ President 49665
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. THOMAS NUOO - DIRECTOR
(Typed or printed name and capacity of person signing application)

IOWA

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

Issue Date: 3/5/2024

Name: LEEAISON, INC. (490 DP - 702284)

Date of Incorporation: 2/18/2022

Duration: PERPETUAL

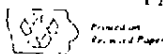
I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.



A handwritten signature in black ink, reading "Paul D. Pate". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

PAUL D. PATE SECRETARY OF STATE



**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. LEEAI SON, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-18-2022 5. _____
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 14583 MUIHOPPER ROAD JACKSONVILLE FL.
(Principal office street address) 32258

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOSHUA J. JOHNSON

Office Address: 701 MARKET STREET
ST. AUGUSTINE, Florida 32095
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joshua J. Johnson

Required Signature/Registered Agent

03/10/2024

Date

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

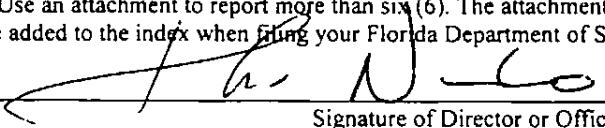
A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>DAVID B. LEE</u>	<input type="checkbox"/> Chairman	Name: <u>MARY B. LEE</u>
<input type="checkbox"/> Vice Chairman	Address: <u>14583 MILLHOPPER</u>	<input type="checkbox"/> Vice Chairman	Address: <u>14583 MILLHOPPER</u>
<input type="checkbox"/> Director	<u>ROAD</u>	<input type="checkbox"/> Director	<u>ROAD</u>
<input checked="" type="checkbox"/> President	<u>JACKSONVILLE, FL</u>	<input type="checkbox"/> President	<u>JACKSONVILLE, FL</u>
<input type="checkbox"/> Vice President	<u>32258</u>	<input checked="" type="checkbox"/> Vice President	<u>32258</u>
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>THOMAS NUDD</u>	<input type="checkbox"/> Chairman	Name: <u>DENISE M. NUDD</u>
<input type="checkbox"/> Vice Chairman	Address: <u>61 SURFSONG ROAD</u>	<input type="checkbox"/> Vice Chairman	Address: <u>61 SURFSONG ROAD</u>
<input checked="" type="checkbox"/> Director	<u>KIAWAH ISLAND, SC.</u>	<input checked="" type="checkbox"/> Director	<u>KIAWAH ISLAND, SC</u>
<input type="checkbox"/> President	<u>29455</u>	<input type="checkbox"/> President	<u>29455</u>
<input type="checkbox"/> Vice President	<u>CELL # 217-415-0148</u>	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: <u>WILLIAM D. DODDS</u>	<input type="checkbox"/> Chairman	Name: <u>CHARLENE M. DODDS</u>
<input type="checkbox"/> Vice Chairman	Address: <u>3390 16 MILE RD.</u>	<input type="checkbox"/> Vice Chairman	Address: <u>3390 16 MILE RD</u>
<input checked="" type="checkbox"/> Director	<u>MARION, MI</u>	<input type="checkbox"/> Director	<u>MARION, MI</u>
<input type="checkbox"/> President	<u>49665</u>	<input type="checkbox"/> President	<u>49665</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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13. THOMAS NUDD - DIRECTOR
(Typed or printed name and capacity of person signing application)

IOWA

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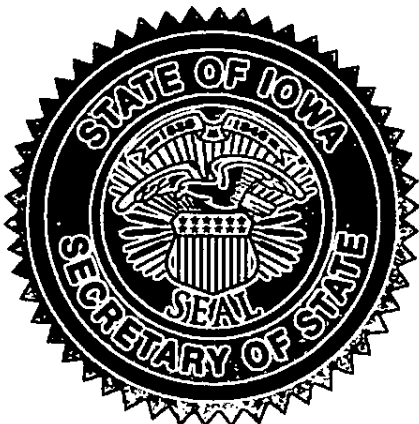
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A handwritten signature in cursive script that reads "Paul D. Pate".

PAUL D. PATE SECRETARY OF STATE