

N16000001642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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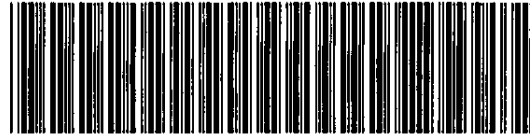
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB -8 PM 2:52

EFFECTIVE DATE 02/01/16

02/18/16

## COVER LETTER

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

SUBJECT: Leave It To Us, Incorporation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Christine Jimenez  
Name (Printed or typed)

12184 Topaz St.  
Address

Spring hill FL 34608  
City, State & Zip

718 352-293-3628  
Daytime Telephone number

BJLCH027(A) Gmail.Com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Leave It To Us, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

12184 Topaz St  
Spring Hill, Fl. 34608

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To help people in Hernando County  
Fl. get to and from any medical appointment by car and or air  
plane when needed for near or far (local, Tampa) as  
so forth. Air fare for special patient cases.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: I called  
an organizational meeting for discussions on adapting by laws  
along with electing Directors

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

Name and Title: Christine Jimenez President Name and Title: \_\_\_\_\_

Address: 12184 Topaz St Address: \_\_\_\_\_  
Spring Hill Fl. 34608

Name and Title: Suzette Pietras Vice President Name and Title: \_\_\_\_\_

Address: 2444 Matheson Ave Address: \_\_\_\_\_  
Spring Hill Fl 34608

Name and Title: Daisy Rios Chairman Name and Title: \_\_\_\_\_

Address: 5197 Abagail Dr Address: \_\_\_\_\_  
Spring Hill Fl. 34608

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

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

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:

Christine Jimenez

Address:

12184 Topaz St.  
Spring Hill Fl. 34608

**ARTICLE VII INCORPORATOR**

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

Name:

Christine Jimenez

Address:

12184 Topaz St  
Spring Hill Fl 34608

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2-1-2016 (OPTIONAL)

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

Christine Jimenez  
Required Signature of Registered Agent

2-1-2016  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Christine Jimenez  
Required Signature of Incorporator

2-1-2016  
Date

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