## POIOOOOA6176

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

SUBJECT: R.A. LEON, INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
			100003828 -03/09/01( *****70.00	
Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a	a check for:	1
ጃ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: ROBERT A. LEON Name (Printed or typed)  8204 WATERVIEW WAY Address				
	WINTER HAVEN City  (863) 28  Daytime	7, State & Zip 39-1535 Telephone number	4 * 8 * 4	FILED

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

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## TICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: R.A. LEON, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8204 WATERVIEW WAY 328 FARNOL SW WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33880 PURPOSE ARTICLE III The purpose for which the corporation is organized is: RETAIL SALES ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): ROBERT A. LEON 8204 WATERVIEW WAY WINTER HAVEN, FL 33884 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ROBERT A. LEON 8204 WATERVIEW WAY WINTER HAVEN, FL 33884 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: ROBERT ALEON 8204 WATERVIEW WAY WILITER HAVEN, FL 33884 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

Date

Signature/Registered Agent

Signature/Incorporator