DIZIONALIZACIONE TRANSMITTAL LETTER

OZAPR 18 AM 6: 49
TALLAHASSEE, FLORIDA

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

SUBJECT:	Leif Enterprise	s Inc	00005292456 -04/18/0201031002 *****70.00 *****70.00	
	(Proposed corpor	ate name - must include su	liix)	
	and the second s	a spanis	•	
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a	check for :	
\$70.00	□ \$78.75	□\$122.50	□ \$131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
,	& Certificate	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Leif Enterprises Inc			
:	•	inted or typed)		
22553 SW 66th Are Apt 402				
•	A	Address		
	BOCA RATON	FL 334	28	
	City,	State & Zip		
	/ > -			

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

B4/24 .

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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TALLAHASSEE,	AF 6:49
" SEE	FLORIS

ARTICLE I NAME Leif Ent Inc The name of the corporation shall be:

ARTICLE I	I PRINCIPAL	OFFICE
		/ UPPILIE

The principal place of business and mailing address of this corporation shall be:

22553 SW 66 AL AN 402

Boxy Paten Fl 33478

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lef DEZ 22553 SU 66 The

Boxa Raton FZ 33428

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Leif Digz

22553 SW 66 Are Apt 402

Bog Rober FC 33428

(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 postaon as registered agent

Signature/Registered Agent

Date