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NUMBER(S), (if known):

SHIP TO:

DAVID G. LEE

(Document #)

51700 HWY 270 LOT # 69

(Document #)

CLEWISTON, FL 33440

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

DB 6/14

ARTICLES OF INCORPORATION

OF

LEEZZ NATIONAL AGENCY FOR THE HANDICAPPED, INC.

FILED
02 JUN 13 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator desiring to form a corporation in accordance with Chapter 607 of the Florida Statutes, adopts the following Articles of Incorporation:

**ARTICLE ONE
NAME**

The name of the corporation shall be LEEZZ NATIONAL AGENCY FOR THE HANDICAPPED, INC.

**ARTICLE TWO
REGISTERED OFFICE AND AGENT**

The location and mailing address of the Corporation's initial registered office in Florida is:

51700 HIGHWAY 27
CLEWISTON, FL 33440

The initial registered agent at the registered office is:

DAVID G. LEE

The corporation's principal office and mailing address is:

51700 HIGHWAY 27
CLEWISTON, FL 33440

**ARTICLE THREE
PURPOSE**

The purpose for which the Corporation is organized shall be to engage in any activity or business permitted under the laws of the United States, of this State, and of any other lawful jurisdiction.

**ARTICLE FOUR
DURATION**

The term of existence of the Corporation is perpetual.

**ARTICLE FIVE
INCORPORATOR**

The name and post office address of the incorporator is:

| | |
|--------------|---|
| DAVID G. LEE | 51700 HIGHWAY 27 CLEWISTON, FL 33440 |
|--------------|---|

**ARTICLE SIX
DIRECTORS**

The Board of Directors shall consist of ONE member initially. The number of directors may be increased from time to time by by-laws adopted by the stockholders, but shall never be fewer than one (1). The name and address of the Board of Directors are:

| Name | Address |
|------------------------------------|--|
| DAVID G. LEE President/Director | 51700 HIGHAY 27 CLEWISTON, FL 33440 (863) 228-5305 |

**ARTICLE SEVEN
CAPITAL STOCK**

The number of shares of stock that the Corporation is authorized to have outstanding is 100, all of which shall be common shares, with par value of \$1.00 per share.

**ARTICLE EIGHT
STATED CAPITAL**

The amount of capital with which the Corporation shall begin business is \$50.00.

**ARTICLE NINE
AMENDMENT OF ARTICLES**

The Corporation reserves the right to amend these Articles of Incorporation at any time in a manner now or subsequently permitted by statute. Any change authorized by the holders of shares entitling them to exercise a majority of the voting power of the Corporation, or any greater number that may then be required by statute, shall be binding and conclusive on every shareholder of the Corporation as fully as if each shareholder had voted for the change. No shareholder, notwithstanding that he or she may have voted against the amendment or may have objected in writing, shall be entitled to payment of the fair cash value of his or her shares or any other rights of a dissenting shareholder.

Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, I have signed these Articles of Incorporation on the 31st day of May, 2002.

David G. Lee
DAVID G. LEE

STATE OF FLORIDA
COUNTY OF PALM BEACH

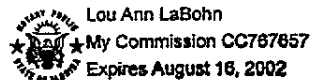
The foregoing instrument was acknowledged before me this 31st day of May, 2002 by DAVID G. LEE, who is personally known to me or who has produced FL Drivers License as identification and who did take an oath.

Print: Lou Ann LaBohn

Signature: Lou Ann LaBohn
Notary Public

State of Florida At Large

Commission Expires: _____



[Seal]

**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR THE SERVICE OF
PROCESS WITHIN THIS STATE, NAMING AN AGENT UPON WHOM PROCESS
MAY BE SERVED, AND ACCEPTANCE BY REGISTERED AGENT.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That LEEZZ NATIONAL AGENCY FOR THE HANDICAPPED, INC., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at the city of CLEWISTON, County of HENDRY and State of Florida has named DAVID G. LEE as its agent to accept service of process within this State.

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

David G. Lee
DAVID G. LEE
REGISTERED AGENT

May 31, 2002
DATE

FILED
02 JUN 13 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA