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TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL 29 PM 2:32

FILED

SUBJECT: LEATHER MEDIC SERVICES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: CHADE LIFE
Name (Printed or typed)

11532 MAHOGANY RUN
Address

900006724869--1
-07/29/02--01058--005
*****70.00 *****70.00

FT. MYERS FL 33913
City, State & Zip

239 541-0423
Daytime Telephone number

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

7-30-02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

LEATHER MEDIC SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11532 MAGJANY RUN
FT. MYER, FL. 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Leather Repair And Training
Service

ARTICLE IV SHARES

The number of shares of stock is:

10 million

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHADE LIFE
11532 MAGJANY RUN
FT. MYER, FL. 33913

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHADE LIFE
11532 MAGJANY RUN
FT. MYER, FL. 33913

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

Chade Life
Signature/Registered Agent

7-27-02
Date

Chade Life
Signature/Incorporator

7-27-02
Date