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TRANSMITTAL LETTER

FILED

02 SEP 13 AM 10: 46

SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

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

SUBJECT:	(PROPOSED CORPORA	L/C ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	_
	·			
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
□ \$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 PY REQUIRED	
FROM:	Mes Leoplas Nam	Mille Lea e (Printed or typed)	pley	
	2355 Nw 13	Address Ave	· · · · · · · · · · · · · · · · · · ·	
	Sunrise F.	L 33323_ y, State & Zip	00000772 -03/13/02- ******78.7	
		O-555) Telephone number		

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

002-26816

9-16-03

MOD- 26819

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME The name of the corporation shall be:	02 SEP 13 AM 10: 46
Leapley Inc.	SECRETAINT OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2355 Nw 137 ** Ave Sum: 3 = FL, 33323	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is:	ئىدىدىنىدىد
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): P- M. Ke Lespley 2355 Nw 137 th Are Sec. 30 FL, 33323	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Mike Leapley 2355 Nw 137 ** Are Survise FL, 33723	en ⁼
The name and address of the Incorporator is: M. K. Lecpley 2355 Nu 137 + We Survise FL 33323	
**************************************	at the place designated in this
Mde 3	21/02
Signature/Registered Agent	Date

Signature/Incorporator