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SECRETARY OF STATE
FALLAHASSEE, FLORID

DB2/6

TRANSMITTAL LETTER

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

SUBJECT:	KRISTY LEYV	A GRADING_S	ERVICE INC.		
		(Proposed corporate name - must include suffix)			
		•			
			•		
				<i>:</i> .	
Enclosed is an or	iginal and one(1)	copy of the article	es of incorporation and a	check for:	
☐ \$70.0 Filing Fe		te of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FRO	M. KRISTY	LEYVA			
Name (Printed or typed)					
	P.O. BO2		Address	- - 	
ZELLWOOD.FLORIDA 327-98					
		City,	State & Zip		
•	3	321/228-1049			
		Daytime T	elephone number		

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

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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THAS	30 PM 12: 48 RY OF STATE SEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

KRISTY LEYVA GRADING SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 339 ZELLWOOD FLORIDA 327-98

<u>ARTICLE III SHARES</u>

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

" 1"

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

KRISTY LEYVA

6740 OSAGE DR. MT DORA, FLORIDA 32757.

ARTICLE V INCORPORATOR

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

KRISTY LEYVA

6740 OSAGE DE.

MT DORA, FLORIDA 32757

01/27/2003

Signature/Incorporator

Date

(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 position as registered agent

Signature/Registered Agent Date