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SECNETALS OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : BERRIE & GIRALDO P.A.

Account Number : 119990000017 Phone : (305)485-9300 Fax Number : (305)495-1098

FLORIDA PROFIT CORPORATION OR P.A.

LEABANKER, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORI

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ARTICLES OF INCORPORATION

LEABANKER., INC.

THE UNDERSIGNED (S) INCORPORATOR(S) AND SUBSCRIBER (S) TO THESE ARTICLES OF INCORPORATION ADOPTS THESE ARTICLES TO FORM A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, CHAPTER 607, FLORIDA STATUTES, AND OTHER LAWS OF THE STATE OF FLORIDA

ARTICLE 1: NAME

THE NAME OF THE CORPORATION IS LEABANKER, INC.

ARTICLE II: PRINCIPAL OFFICE

THE MAILING ADDRESS OF THIS CORPORATION SHALL BE:

3211 PONCE DE LEON BOULEVARD SUITE 204 CORAL GABLES, FLORIDA 33134

ARTICLE III: PURPOSE

THIS CORPORATION MAY ENGAGE IN THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE FLORIDA GENERAL CORPORATION ACT.

ARTICLE IV: CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 100 SHARES OF COMMON STOCK HAVING A NOMINAL OR PAR VALUE OF \$1,00 PER SHARE.

ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS 44 W. FLAGLER ST. COURTHOUSE TOWER P.H. MIAMI, FLORIDA 33130, AND THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS HECTOR EFRAIN LEANEZ.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

THE CORPORATION SHALL INITIALLY HAVE ONE (1) DIRECTOR TO HOLD OFFICE UNTIL THE FIRST ANNUAL MEETING OF STOCKHOLDERS AND HIS SUCCESSOR SHALL HAVE BEEN DULY ELECTED AND QUALIFIED, OR UNTIL HIS EARLIER RESIGNATION, REMOVAL, FROM OFFICE OR DEATH THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DECREASED FROM TIME TO TIME IN ACCORDANCE WITH THE BY-LAWS OF THE CORPORATION THE NAME AND ADDRESS OF THE INITIAL DIRECTORS ARE:

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300 H03000 121 9929.

PRESIDENT/SECRETARY: HECTOR EFFAIN LEANEZ

3211 PONCE DE LEON BOULEVARD SUITE 204

CORAL GABLES, FLORIDA 33134

ARTICLE VII: INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR SIGNING THESE ARTICLES IS:

HECTOR EFRAIN LEANEZ 3211 PONCE DE LEON BOULEVARD SUITE 204 CORAL GABLES, FLORIDA 33134

ARTICLE VIII: PRE-EMPTIVE RIGHTS

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THE CORPORATION SHALL HAVE THE RIGHT TO PURCHASE HIS PROBATA SHARE. THEREOF (AS NEARLY AS MAY BE DONE WITHOUT ISSUANCE OF FRACTIONAL SHARES) AT THE PRICEAT WHICH IT OFFERED TO OTHERS.

ARTICLE IX: INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY ANY OFFICERS OR DIRECTOR, OR ANY FORMER OFFICER OR DIRECTOR, TO THE FULL EXTENT PERMITTED BY LAW.

ARTICLE X: AMENDMENTS.

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY IT TO THE STOCKHOLDERS AND APPROVED AT THE STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCK ENTITLED TO VOTE THEREON, UNLESS ALL THE DIRECTORS AND ALL THE STOCKHOLDERS SIGN A WRITTEN STATEMENT MANIFESTING THEIR INTENTION THAT A CERTAIN AMENDMENT OF THESE ARTICLES OF THE INCORPORATION BE MADE.

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION OF THE DATE OF SIGNING.

DATED: HOL

BY HECTOR AFRAIN LEANEZ

INCORPORATION

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CERTIFICATE DESIGNATING PLACE OF BUSINESS ARE DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 307.0501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT LEABANKER, INC., DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, HAS NAMED HECTOR EFRAIN LEANEZ, ADDREESED AT 3211 PONCE DE LEON BOULEVARD SUITE 204 CORAL GABLES, FLORIDA 33134, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

DATED:

HECTOR EFRAIN LEANES INCORPORATOR

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATED, I HEREBY AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUITES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITIONS AS REGISTERED AGENT.

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HECTON E. LEAVEZ

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