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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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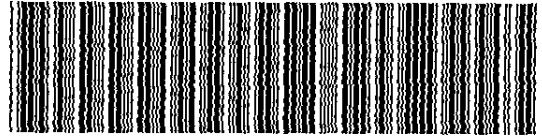
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Bm 8/24

# TRANSMITTAL LETTER

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

Subject: Nora R. Leon, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one ( 1 ) copy of the articles of incorporation and a check  
for:

( ) \$35.00   ( ) \$ 43.75   ( ) \$70.00   ( X ) \$78.75

From:

Ms. Nora R. Leon

Name

1860 W. 79th Street

Address

Hialeah, FL 33014

City, State & Zip

( 305 ) 823-2702

Daytime Telephone number

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

# ARTICLES OF INCORPORATION

The undersigned incorporator ( s ) , for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt ( s ) the following Articles of Incorporation.

## **ARTICLE I NAME**

The Name of the corporation shall be:

Nora R. Leon, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

1860 W. 79th Street  
Hialeah, FL 33014

## **ARTICLE III SHARES**

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

1,000 shares of common

## **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Ms. Nora R. Leon  
1860 W. 79th Street  
Hialeah, FL 33014

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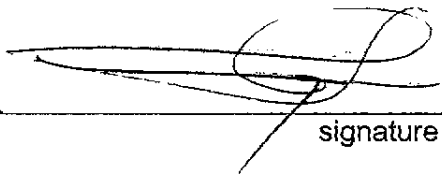
**ARTICLE V INCORPORATOR (S)**

The name ( s) and street address ( es) of the incorporator ( s) to these Articles of Incorporation is ( are) :

Ms. Nora R. Leon  
1860 W. 79th Street  
Hialeah, FL 33014

The undersigned incorporator ( s) has ( have) executed these Articles of Incorporation this

Twenty Eighth ( 28th) day of July , 2003.

X  \_\_\_\_\_  
signature

\_\_\_\_\_  
signature

\_\_\_\_\_  
signature

**Article of Incorporation**  
**Filing Fee - \$35**

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Nora R. Leon, Inc.


2. The name and address of the registered agent and office is:

Ms. Nora R. Leon  
( Name)

1860 W. 79th Street  
( P.O. Box not acceptable)

Hialeah, FL 33014  
( City/State/Zip)

*Having been named as registered agent and to accept service of process for the above state 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)

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