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(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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TRANSMITTAL LETTER

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

SUBJECT: Doug	glas Leoni, Inc.			
	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	icles of incorporation and	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 PPY REQUIRED	
FROM: D	ouglas Scott Leoni			
_	Nam	e (Printed or typed)	-	
	3909 W. Santiago Street			
		Address		
	Tampa, FL 33629			
	City	y, State & Zip		
	813-267-0305	7-1		
	Daytime Telephone number			

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

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:

Douglas Leoni, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3909 W. Santiago Street Tampa, FL 33629

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Douglas S. Leoni President

3909 W. Santiago Street

Tampa, FL 33629

REGISTERED AGENT ARTICLE VI

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

Douglas S. Leoni 3909 W. Santiago Street

Tampa, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Douglas S. Leoni 3909 W. Santiago Street Tampa, FL 33629

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

Signature/Registered Agent

/4-2-03

Date

Signature/Incorporator