

PD3000148039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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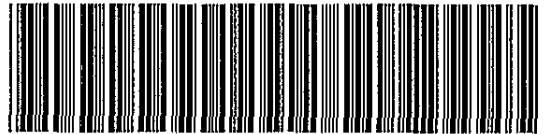
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/05/03--01036--029 **78.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

A.H.
12-10-03

TRANSMITTAL LETTER

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

SUBJECT: LEONEL CHACON INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAMES A. HICKMAN
Name (Printed or typed)

200 GOVERNMENT STREET SUITE 1
Address

NICEVILLE, FL 32578
City, State & Zip

850-729-8585
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:

LEONEL CHACON INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

163 RICKEY AVENUE APT A
FORT WALTON BEACH, FL 32547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN GENERAL BUSINESS FOR A PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES NO PAR

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

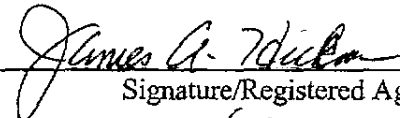
JAMES A. HICKMAN
200 GOVERNMENT STREET, SUITE 1
NICEVILLE, FL 32478

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEONEL CHACON INC
163 RICKEY AVENUE, APT A
FORT WALTON BEACH, FL 32547

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


Signature/Incorporator

NOV 24 2003

Date

NOV 24 2003

Date

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03 DEC -5 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA