

**P04000102047**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

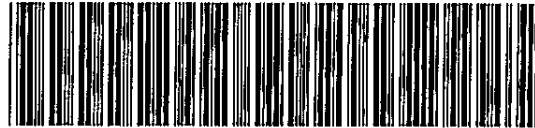
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2004 JUL -7 P 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Fleary, Incorporated

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Fleary, Incorporated

Name (Printed or typed)

910 N.W. 197th Terrace

Address

Miami, Florida 33169

City, State & Zip

(305) 652-9518

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:

Fleary, Incorporated

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

910 N. W. 197th Terrace  
Miami, Florida 33169

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Service Organization.

### ARTICLE IV SHARES

The number of shares of stock is:

ONE

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mr. Ian Fleary	Mrs. Melanie Fleary	Ms. Nkechi Okpala
910 N. W. 197th Terrace	910 N. W. 197th Terrace	910 N. W. 197th Terrace
Miami, Florida 33169	Miami, Florida 33169	Miami, Florida 33169
President/CEO	Vice President/Treasurer	Secretary

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

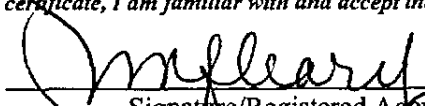
Mrs. Melanie Fleary  
910 N. W. 197th Terrace  
Miami, Florida 33169

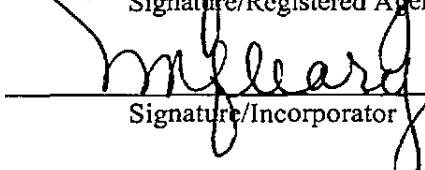
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mrs. Melanie Fleary  
910 N. W. 197th Terrace  
Miami, Florida 33169

\*\*\*\*\*  
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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date