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TRANSMITTAL LETTER

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

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SUBJECT: James D. Leslie, Inc. (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 Filing Fee S78.75 Filing Fee & Certificate of Status \$78.75\$87.50Filing FeeFiling Fee,& Certified CopyCertified Copy& Certificate ofStatusADDITIONAL COPY REQUIRED

FROM:	James D. Leslie		1.			
		Name (Printed or typed)	;		
	815 Mockingbird Drive			****	divis 04 Ji	
		Address				
	Port Orange, FL 32127	City, State & Zip	<u>, 4 3</u>	<u> </u>		
	(386) 761-9113 D	aytime Telephone number	r		16	1

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

·····	The name of the corporation shall be: James D. Leslie, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 815 Mockingbird Drive Port Orange, FL 32127 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Certified Residential Contractor ARTICLE IV SHARES The number of shares of stock is: one (1) ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): James D. Leslie, Owner
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	List name(s), address(es) and specific title(s):
CTORS	List name(s), address(es) and specific title(s):
<u></u>	James D. Leslie, Owner
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	ARTICLE VI REGISTERED AGENT - 22
	ARTICLE VI REGISTERED AGENT The name and Florida street address (P,O. Box NOT acceptable) of the registered agent is:
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James D. Leslie 815 Mocking Bird Drive Port Orange, FL 32127

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> ******* ***** 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

grasse_ Signature/Registered Agent esté

Signature/Incorporator

<u>La (30/04</u>

Date