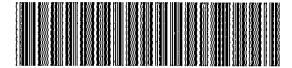
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(Requestor's Name)	-		
(Address)	-		
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)			
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			

Office Use Only



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WC6-4865

COVER LETTER

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

SUBJECT: LeFleur Investment Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
✓ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
from: D	eborah Mast Name	(Printed or typed)	
	23417 Pine Lake Stree	t Address	
	Land O'Lakes, FL 34639 City,	State & Zip	
	813-995-9055	elephone number	

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



February 1, 2006

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DEBORAH MAST 23417 PINE LAKE STREET LAND O'LAKES, FL 34639

SUBJECT: LEFLEUR INVESTMENT CORPORATION

Ref. Number: W06000004865

We have received your document for LEFLEUR INVESTMENT CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 506A00007201

ARTICLE II PRINCIPAL OFFICE	-
The principal place of business/mailing address is:	
23417 Pine Lake Street, Land O'Lakes, FL 34639	
ARTICLE III PURPOSE	, o <u>D</u>
The purpose for which the corporation is organized is:	49
Real Estate Investing	CB CR
ARTICLE IV SHARES The number of shares of stock is: 100	ILED RY OF STATI CORPORATI
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	TIONS
Deborah Mast (PIVISIT) 23417 PINE LAKE ST. LAND O'LAKES, PL 34639	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Deborah Mast	
LAND O'LAKES, FL 34639	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Deborah Mast	
	le valer valer saler valer valer valer valer saler saler valer valer saler valer
**************************************	ace designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	3
Debouch Mar 1/17/2006	
Signature/Registered Agent Date	;
Deloud Med 1/17	106
Signature/Incorporator Date	>

ARTICLES OF INCORPORATION

ARTICLE I NAME
The name of the corporation shall be:

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

LeFleur Investment Corporation STRATEGIES, INC.