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COVER LETTER

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

SUBJECT:	Sharon M.	Leto, &	Incorpora	
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)	
Enclosed are 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 ADDITIONAL CO	& Certificate of Status.	
		ADDITIONAL CO	TTIEQUIED	
FROM:		Printed or typed)		
15002 Meadowlake St.				
Address				
	odessa, P	L 3355(2 State & Zip	<u> </u>	
	813-477-8	•		
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)
The name of the corporation shall be: Sharon M. Leto, Incorporated
The name of the corporation shall be: (\(\alpha\) \(\rho\) \(\lambda\) \(\rho\) \(\lambda\) \(\rho\) \
The manie of the corporation small ce.
I
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 15002 meadowlake Street Messa, FL 33556
The principal place of hysiness/mailing address is: 15002 Me adowlars
The principal place of business/maining address is. 7 300 8 77 100 8
The principal place of business/mailing address is: 15062 WE actions 1 OdeSSA, FL 33556
ADMICI E III DIDDOCE
The purpose for which the corporation is organized is: Notary and Mortsage Services
The purpose for which the corporation is organized is:
Services
ARTICLE IV SHARES
The number of shares of stock is: 10 0
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
List name(s), address(es) and specific title(s): Chalon M. Leto - Fresident, Chaiman, CEO 15002 Meadowlake Street Odesse, FL 33556
meadowlake Street
7500
000 state, PC 53556
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Sharon M. Letorow lake St.
15002, MRACION 110
Ode SSA, PL 33556
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Tharon M. Leto dow lake St. 15007 meadow lake St. Odossa, Pl 33556
1007 Meachon 19
0655A, PL 33556

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
Maion the Leto 6/12/06
Signature/Registered Agent Date
Signature region of right
Main To Let
Signature/Incorporator Date
-