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(Re	equestor's Name)	
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COVER LETTER

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

SUBJECT: Leffler : Associates, Fac.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

\$\sqrt{5}\sqrt{70.00} \sqrt{\$\sqrt{5}\sqrt{875.50}} \sqrt{\sqrt{5}\sqrt{1\sqrt{1\sqrt{6}\sqrt{

FROM: LAuri Lentovich
Name (Printed or typed)

8695 College Parkway# 214

Fort Myers, FL 33919

City, State & Zip

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: Leffler; Associates, Fnc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8695 College Parkway, Ste. #214 Fort Myers FL 33919 ARTICLE III PURPOSE The purpose for which the corporation is organized is: and and all legal purposes
ARTICLE IV SHARES The number of shares of stock is: 5000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): RYGO W. Leffler - WTS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Ryan W. Leffler - PV.TS. 8695 College PANKWAY, #214 Fort Myers, FL 33919
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: RYAN W. LE FFLET 8695 COllege PANKWAY, # 214 FOR MYERS, FL 33919 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Ryon W. Leffler 8695 College PAYKWAY, #-214 FORT MYERS, FL 33919 **********************************
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 3/1/07 Signature/Registered Agent Date Signature/Incorporator Date