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(Requestor's Name)

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(Address)

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

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

☐

PICK-UP

☐

WAIT

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

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 11 PM 4:14

EP 9/11/08

## COVER LETTER

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

**SUBJECT:** ROSA DE LEON 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      ☐ \$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:** ROSA DE LEON

Name (Printed or typed)

100 S OLD COACHMAN RD

Address

CLEARWATER, FL 33765-4403

City, State & Zip

727-278-6179

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:

ROSA DE LEON INC

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

100 S OLD COACHMAN RD  
CLEARWATER, FL 33765-4403

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
ANY THAT IS LAWFUL

### ARTICLE IV SHARES

The number of shares of stock is:  
100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
ROSA DE LEON, D/P/S  
100 S OLD COACHMAN RD  
CLEARWATER, FL 33765-4430

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
ROSA DE LEON  
100 S OLD COACHMAN RD  
CLEARWATER, FL 33765-4430


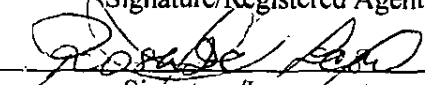
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
ROSA DE LEON  
100 S OLD COACHMAN RD  
CLEARWATER, FL 33765-4430

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DIVISION OF CORPORATIONS  
08 SEP 11 PM 4:14

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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

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

09/08/08  
Date  
09/08/08  
Date