P09000062684

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

Document # **WB9** Ø Ø Ø Ø Ø 3 1 4 2 1

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

SUBJECT:	LEAP USA CORPORA	INC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITION		PY REQUIRED
FROM:	Juan Co Nam 3656 Hartsfield Jackson ville City 904-386- Daytime 1	Forest Circ Address FL 37277 State & Zip	Qe
	Caralla de La caracter de la caracte	ed ton fishing owning and	natitiontion)
E-mail address: (to be used for future annual report notification)			

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



July 8, 2009

JUAN COOPER 3656 HARTSFIELD FOREST CIRCLE JACKSONVILLE, FL 32277

SUBJECT: LEAP, INC

Ref. Number: W09000031421

We have received your document for LEAP, INC and your check(s) totaling \$78.75. 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.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected 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) 245-6962.

Letter Number: 509A00023385

Valerie Herring Regulatory Specialist II New Filing Section

Division of Cornerations - P.O. ROY 6397 Tallahasson, Florida 39314



ARTICLES OF INCORPORATION	00 PM 1:1/3
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	09 JUL 22 PH 1: 43
ARTICLE I NAME The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
LEAP USA, INC	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 970 Andels Blvd JACKSONVILLE FL 3ZZ 46 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The corporation I. The number of shares of stock is: ONE CLASS of Stock, that Stock being, 100 With Identical rights and privileges, the the ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR List name(s), address(es) and specific title(s): Juan Cooper 3656 Hartsfield Forest Circle JACKSONVINE FL 32277	s quthonized to Issue of \$1 parvalue, connovestock. Cansfer of which is restructed to as the bylaws
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Juan Cooper 3656 Hants field Fonest Clack	r div registered agent is.
JACKSONILLE FL 32217	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Juan Cooper 3656 Hartsfield Forest Circle	
JACKSONVILLE FL 32277	
Having been named as registered agent to accept service of proce place designated in this certificate, I am familiar with and accept agree to act in this capacity	
Juan ardin	7/17/09
Signature/Registered Agent	Date

Signature/Incorporator