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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status: <u>* + 7500</u>
Special Instructions to	Filing Officer:	
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Office Use Only

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T. Brown (2002) 5, 2001

COVER LETTER

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

SUBJECT: Me-2-U Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
	ADDITIONAL COLL REQUIRED	
FROM: David Leckie Name (Printed or typed)		
936 N, E 77h Terr 33909 Unit5 Address		
Cape Coral, Florida 33909 City. State & Zip		
239-898-3048 Daytime Telephone number		
E-mail address: (to be used for future annual report notification)		

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal street address 13.6 M. F. 7+W. 15.5	The name of the corporation shall be:	- UTIVE
ARTICLE II PURPOSE The purpose for which the corporation is organized is: Retail Sales ARTICLE IV SHARES The number of shares of stock is: Solo ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Love Coral Fl 33941 Name and Title: Address: Name and Title: Address: Name and Title: Address: Addre		
ARTICLE VI SHARES Name and Title: Address: Name: Address: Name: David Leckie Address: Name: Address: Address: Name: Address:	Principal street address	Mailing address, if different is:
ARTICLE VI SHARES Name and Title: Address: Name: Address: Name: David Leckie Address: Name: Address: Address: Name: Address:	936 N.E 7+h Te	cr. 901 SW 10 Pl
The purpose for which the corporation is organized is: Retail soles ARTICLE IV SHARES The number of shares of stock is: 500 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Pauled J Leck le Ress. Address: 901 Sur Polence Address: Cape Coral, Fl. 33941 Name and Title: Name and Title: Address:	Cape Coral, Flor	Cape Coral, 21 35991
The purpose for which the corporation is organized is: Retail sales ARTICLE IV SHARES The number of shares of stock is: 500 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Payid J Leckie Res Name and Title: Address: Cape Coral, El 3341 Name and Title: Address: Address: Address: Name and Title: Address: Address: Address: Address: Address: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: David Leckie Address: Go J Sw Jo Place Cape Coral, 121 3391 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated berein are true, I am aware that the facts information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. David Leckie Advess: Joo J 2010 ARTICLE VII INCORPORATOR The name and adfirm that the facts stated berein are true, I am aware that the facts information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Address: Joo J 2010 ARTICLE VII INCORPORATOR The name and Title: Address:		
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Name and Title: Address: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: David Leckle Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: David Leckle Address: 90 Sw 10 P Capa Cape Cord 121 3399 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 Swing Signature/Registered Agent Signature/Regist		
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Name and Title: Address: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Parid Lecke Address: 901 Sw 10 Place Cape Cocal, Fl 3399 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Parid Lecke Address: 901 Sw 10 Place Cape Cocal, Fl 3399 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the fake information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address:		
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: 9015W10Place Cape Cocal, F1 3399 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 9015W10Pl. Capa Address: Address: 9015W10Pl. Capa Address: Address: 9015W10Pl. Capa Address: Address: Address: 9015W10Pl. Capa Address: Ad		
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Address: 901 Sw 10 Place. Cape Coral, Fl 3399 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: David Leckie. Address: 901 Sw 10 Pl. Capa. Cape Coral, 121 33901 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: David Leckie. Address: Gol Sw 10 Pl. Gasa. Cape Corol, 121 33991 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. David Leckie.	Name: Valid Lec	<u> </u>
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: David Lecke Address: Gol Sw 10 Pl. Gasar		
The name and address of the Incorporator is: Name: Address: 90 5w 10 1. Capa Capa Capa Capa Capa Address: 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
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