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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

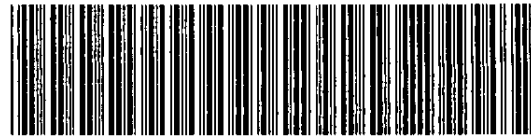
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers FEB 01 2011

COVER LETTER

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

SUBJECT: LEOPOLD ANTIQUES&COLLECTIBLES 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Danilo Leopold

Name (Printed or typed)

11160 Heron Bay Blvd #622

Address

Coral Springs FL 33076

City, State & Zip

1-954-980-7169

Daytime Telephone number

danileopold@bellsouth.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 LEOPOLD ANTIQUES&COLLECTIBLES INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 11160 Heron Bay Blvd #622
Coral Springs Fl 33076
Mailing address, if different is: P.O.BOX 772302
Coral Springs Fl 33077

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To buy and sell Antiques

ARTICLE IV SHARES
The number of shares of stock is:1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Danilo Leopold President</u> Address: <u>11160 Heron Bay Blvd #622</u> <u>Coral Springs Fl 33076</u>	Name and Title: <u>Jarona Leopold Director</u> Address: <u>11160 Heron Bay Blvd #622</u> <u>Coral Springs Fl 33076</u>
Name and Title: <u>Mirjana Leopold Director</u> Address: <u>11160 Heron Bay Blvd #622</u> <u>Coral Springs Fl 33076</u>	Name and Title: _____ Address: _____
Name and Title: <u>Milos Leopold Vice President</u> Address: <u>11160 Heron Bay Blvd #622</u> <u>Coral Springs Fl 33076</u>	Name and Title: _____ Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Danilo Leopold
Address: 11160 Heron Bay Blvd #622
Coral Springs Fl 33076

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Danilo Leopold
Address: 11160 Heron Bay Blvd #622
Coral Springs Fl 33076

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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

Danilo Leopold Required Signature/Registered Agent
01.28.2011 Date

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.

Danilo Leopold Required Signature/Incorporator
01.28.2011 Date