## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002574183)))



H110002574183ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

RECEIVED OUT 2.6 201

From:

Account Name : DORAL CORPORATE FILING SERVICE

Account Number : 12007000081 Phone : (305)436-0979 Fax Number : (305)592-5575

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: | í |  |  |  |
|-------|----------|---|--|--|--|
|       |          |   |  |  |  |

## FLORIDA PROFIT/NON PROFIT CORPORATION

Leslie's Driving Service Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$78.75 |

## **B11000257418**

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

| The name of the corp                        | Leafle's Driving Service contion shall be:  | e inc.   |  |  |  |  |
|---|---|--|--|--|--|--|
|   | PRINCIPAL OFFICE Principal inter address 16 Independence Avenue                                     | Mailing ad   | Mailing address, if different is:                          |  |  |  |
| Me  | albourne, Fl 32940  |  |  |  |  |  |
| ARTICLE III Propose for what To engage in a | VRPOSE<br>ich the corporation is organized is:<br>any and all lawful business                       |  | ,  |  |  |  |
| ARTICLE V                                   | a of stock is: 100 Common Shares of S<br>INITIAL OFFICERS AND/OR DIRECTO                            | re<br>Re   |  |  |  |  |
| Name and Tit                                | le: Leslie Wimmer President   |  |  |  |  |  |
| Address:                                    | 1316 Independence Avenue Melbourne, FI 32940  |  |  |  |  |  |
|   |   |  |  |  |  |  |
| Name and Tit<br>Address:                    | lc:   | Address:   |  |  |  |  |
| Name and Tit<br>Address:                    | ie:   | Name and Title:  |  |  |  |  |
|   |   | — — — — — — — — — — — — — — — — — — —                            |  |  |  |  |
|   | REGISTERED AGENT  |  | 81   |  |  |  |
| The name and Flor<br>Name:                  | ida street address (P.O. Box NOT acceptable) Leslie Wimmer  | of the registered agent is:                                      | E3 P ===   |  |  |  |
| Address:                                    | 1316 Independence Avenue  |  |  |  |  |  |
|   | Melhourne, FI 32940   | _  | T. R   |  |  |  |
|   | INCORPORATOR  |  | 4 2: LI<br>FLORIDA   |  |  |  |
| Name:                                       | ress of the Incorporator is: Lestie Wimmer  | •  |  |  |  |  |
| Address:                                    | 1316 Independence Avenue<br>Melbourne, Fl 32940   | <del>_</del>   |  |  |  |  |
| Having been name<br>this certificate, I an  | ed as registered agent to accept service of proc<br>s familiar with and accept the appointment as s | ess for the above stated corp<br>registered agent and agree to c | pration at the place designated in<br>act in this capacity |  |  |  |
| My Len                                      | Required Signature/Registered Agent   | ·  | 10/25/2011   |  |  |  |
|   | Required Signature/Registered Agent   | <del></del>  | Date   |  |  |  |
|   | ment and affirm that the facts stated herein o  |  |  |  |  |  |
|   | spartment of State constitutes a third degree fel   | uny ex provided for in £617.1                                    | 1 #  |  |  |  |
| xM Les                                      | Required Signature/Incorporator   |  | 10/2/1/2011  |  |  |  |
|   | Required Signature/Incorporator   |  | Date   |  |  |  |

田11900257619