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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #j		
PICK-UP	☐ WAIT	MAIL ~		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE

MRD 11/30

COVER LETTER

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

SUBJECT: DLeads, Inc.		
(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	.UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: DLeads, Inc.	(Printed or typed)	7797-178-7017-187-187-187-187-187-187-187-187-187-1
574 SW Indian Key Drive	<u> </u>	
Port St. Lucie, FL 34986	Address State & Zip	
772-285-3438 Daytime Te	elephone number	
flacakat@yahoo.com E-mail address: (to be used	I for future annual report	notification)

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 The name of the co	NAME DLeads, Inc. rporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	tress, if different is:
5	74 SW Indian Key Drive		'q
	•		
P	ort St. Lucie. FL 34986		
ARTICLE III	PURPOSE		4. 4
	hich the corporation is organized is:		第三十
Any and all la	wful business SHARES		TALLAHASSEE. FLORIDA
The number of shar	res of stock is:100		927 6
ARTICIE V	INITIAL OFFICERS AND/OR DIRECT	MARS	D
Name and Ti	tle:Katty Montalvo, President	Name and Title:	•
Address:	574 SW Indian Key Drive	Address:	
Addiess.	Port St. Lucie, FL 34986	Audiess.	
Name and Ti	tle:Katty Montalvo, Secretary	Name and Title:	
Address:	574 SW Indian Key Drive	Address:	
Addiess.	Port St. Lucie, FL 34986	Address.	
	TOR St. Lucie, 1 L 34300		
Name and Ti	tie: Katty Montalyo, Treasurer	Name and Title	
Address:	574 SW Indian Key Drive	Address:	
	Port St. Lucie, FL 34986		
	REGISTERED AGENT Ida street address (P.O. Box NOT acceptable	a) of the registered agent in	to the second se
Name:	Katty Montalyo		
Address:	574 SW Indian Key Drive		
riduicss.	Port St. Lucie, FL 34986	- 	
	EDICAL LUCIA, FL 34300	*****	
	<u>INCORPORATOR</u>		
	ress of the Incorporator is:		
Name:	Katty Montalvo		
Address:	574 SW Indian Key Drive Port St. Lucie, FL 34986		
Having been name this certificate, I an	d as registered agent to accept service of pro n familiar with and accept the appointment as	ocess for the above stated corpord registered agent and agree to act	ation at the place designated in in this capacity
Ľα	R C		11-27-11
	Required Signature/Registered Agent		<u> 11-27-11</u> Date
I submit this docum	ment and affirm that the facts stated herein	are true. I am aware that the fa	dse information submitted in a
uocument to the De	partment of State constitutes a third degree fe	eiony as provided for in s.817.155,	, F.S.
L,			11-27-11 Date
	Required Signature/Incorporator		Date