P1200000512

(Requestor	's Name)			
	•			
(Address)				
(Address)				
(Hadress)				
· · · · · · · · · · · · · · · · · · ·				
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAI	L		
(Business Entity Name)				
	- · · •			
(Dansaman)	M. mada a A			
(Document	number			
Certified Copies Certificates of Status				
Special Instructions to Filing O	ficer			
Special instructions to Filing O	mcer.			
•				

Office Use Only



000215634570

01/03/12--01006--016 **78.75

12 JAN -3 PH 3: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N 01/03/12

COVER LETTER

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

SUBJECT:	Leonard Online Solutions, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation ar	nd a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM: _		A. Leonard (Printed or typed)	<u>.</u>	
3951 SE 52nd St.				
	/	Address		
_	Ocala, City,	FL 34480 State & Zip		
_	352-	804-3777		
	Daytime T	elephone number		
_	<u>barbaraaleona</u> E-mail address: (to be used	ard@hotmail.cor	n t 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 N The name of the corpo	Leonard Online Solution shall be:	ons, Inc.		
	RINCIPAL OFFICE Principal street address 51 SE 52nd St.	Mailing	Mailing address, if different is:	
	ala, FL 34480			
ARTICLE III PO The purpose for which The purpose of	TRPOSE th the corporation is organized is: the corporation is to conduct any I	awful purpose or pu	urposes.	
ARTICLE IV S. The number of shares	HARES of stock is: 100			
	NITIAL OFFICERS AND/OR DIRECTOR			
Name and Title Address:	:Barbara A. Leonard, President 3951 SE 52nd St.			
Audioss.	Ocala, FL 34480			
N 1 (T)(4)		Name and Title		
Name and Title Address:	: <u> </u>	_ Name and Title;		
Address:				
				
		-		
	<u> </u>			
Address:		Address:		
ARTICLE VI R	EGISTERED AGENT			
The name and Florid	la street address (P.O. Box NOT acceptable) o	f the registered agent is:	Den -	
Name:	Corporation Service Company		三	
Address:	1201 Hays Street	_		
	Tallahassee, FL 32301	_	The second second	
ARTICLE VII II	NCORPORATOR		State of the state	
	ss of the Incorporator is:		Piges To promi	
Name:	Barbara A. Leonard	_		
Address:	3951 SE 52nd St.			
	Ocala, FL 34480		Marie Land	
Mailra haan namad	as registered agent to accept service of proces	e for the above stated on-	moration of the place design at the	
this certificate, I am f	axiliar with and accept the appointment as reg	s for the above stated corp sistered agent and agree to	porution at the place designated in act in this capacity	
102met	amonthy Jones (Assistant V	P	13/10/11	
77	Required Signature/Registered Agent		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.				
	· · · · · · · · · · · · · · · · · · ·	y as proviaea jor in s.817.	155, F.S.	
Ball	A. Leonand		10/00/11	
parvara	Required Signature/Incorporator		[2/2///	
	4 O 111401 hot wood		Date	