

P12000028832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

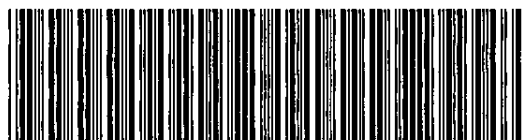
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 MAR 23 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
3/26/12

## COVER LETTER

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

<sup>S</sup>STRONG LEATHER AEA CORP

**SUBJECT: Any legal business in the State of Florida**

(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: **STRONG LEATHER AEA CORP**

Name (Printed or typed)

**2572 W 65 ST**

Address

**HIALEAH, FL 33016**

City, State & Zip

**7863445237**

Daytime Telephone number

**stronleatheraea@gmail.com**

E-mail address: (to be used 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 NAME**

The name of the corporation shall be: **STRONG LEATHER AEA CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**Eliannys Leyva**  
**2572 W 65 St**  
**Hialeah, FL 33016**

Mailing address, if different is:

**Same**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Any legal business in the State of Florida**

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**TALLAHASSEE, FLORIDA**

**ARTICLE IV SHARES**

The number of shares of stock is: **50 shares no par value**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Eliannys Leyva ( President)**  
Address: **2572 W 65 ST**  
**HIALEAH, FL 33016**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **Ariel J Diaz Mastrapa (Vice President)**  
Address: **2572 W 65 ST**  
**HIALEAH, FL 33016**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **Ariam Diaz ( Treasurer)**  
Address: **2572 W 65 ST**  
**HIALEAH, FL 33016**

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: **Eliannys Leyva**  
Address: **2572 W 65 ST**  
**HIALEAH, FL 33016**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Ariel J Diaz Mastrapa**  
Address: **2572 W 65 ST**  
**HIALEAH, FL 33016**

*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*

*[Signature]*  
Required Signature/Registered Agent

**03/19/2012**

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.*

*[Signature]*  
Required Signature/Incorporator

**03/19/2012**

Date