

P/2000031743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

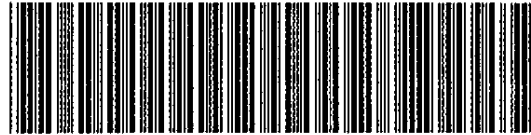
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300226135223

04/02/12--01010--033 \*\*87.50

FILED  
12 APR -2 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 04/03/12

## COVER LETTER

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

SUBJECT: **LEBO SILLY CORP.**

(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: **Alberto Campos**

Name (Printed or typed)

**2333 Brickell Ave Suite 504**

Address

**Miami, FL 33129**

City, State & Zip

**786-474-8633**

Daytime Telephone number

**lebosilly@hotmail.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** **LEBO SILLY CORP.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2333 Brickell Ave Suite 504  
Miami, FL 33129

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct retail business in the state of Florida as Lebo Silly Corp.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Alberto Campos CEO&President Name and Title: \_\_\_\_\_  
Address: 2333 Brickell Ave Suite 504 Address: \_\_\_\_\_  
Miami, FL 33129

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rodolfo Campos  
Address: 2333 Brickell Ave Suite 504  
Miami, FL 33129

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alberto Campos  
Address: 2333 Brickell Ave Suite 504  
Miami, FL 33129

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

Rodolfo Campos

Required Signature/Registered Agent

3-29-12

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.

Alberto Campos

Required Signature/Incorporator

3-29-12

Date

FILED  
12 APR -2 PM 4:37  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA