

**P130000174975**Florida Department of State  
Division of Corporations  
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.

(((H13000174633 3)))



H130001746333ABC

**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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LEEWIDE, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

64631

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

13 AUG - 6 PM 3:03

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

H130000174633

3

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:

LEEWIDE, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14601 NORTH MIAMI AVENUE

MIAMI FL. 33168

Mailing address, if different is:

14601 NORTH MIAMI AVENUE

MIAMI FL. 33168

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any Legal Business Activity

Permitted in the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

100 (ONE HUNDRED)

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

Name and Title: Jennane FERDINAND (P)

Address: 14601 N. Miami Avenue

Miami FL. 33168

Name and Title: Frank LEE (V/P)

Address: 14601 N. Miami Avenue

Miami FL. 33168

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

13 AUG - 6 PM 12:50

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H130000174633

H13000114000

(cont.)

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: Frank LEE  
Address: 14601 N. Miami Avenue  
Miami FL. 33168

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Frank LEE  
Address: 14601 N. Miami Ave  
Miami FL. 33168

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

\_\_\_\_\_  
Required Signature/Registered Agent

08/06/2013

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.

\_\_\_\_\_  
Required Signature/Incorporator

08/06/2013

Date

13 AUG -6 PM 12:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H3000114000

08/06/2013 02:47 3056339696

EMPIRE CORP