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(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(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



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SECRETARY OF STATE STATE STATE STATE SECRETARY OF STATE

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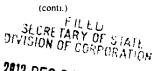
COVER LETTER

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

SUBJECT:	M. G. LEAdE	Ex Enterfa	USE Co.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee;	• • • • • •	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	M4M1, 1 305-	Address 1. 33145 State & Zip 606 - 94	
	Daytime T	elephone number	<i>I</i> '

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) C.M.G LEADEN ENTERPRISE CORP. ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: TERN Axy Area All LAWFUL BUSINESS ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title:___ Address Name and Title:_______Name and Title:________ Address Address:



Name and Title:	Name and Title:	PH & 19
Address		
		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) o		
Name: MONICA URREA	-	
Address: (3270 SW 3474	TERR .	
Name: MONICA URREA (3270 SW 3474 MIAMI, #1. 33145	-	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: MONICA URIEA	-/-	
Address: 32+0 5W 24+h -	Tenn	
Name: MONICA URIEA 32+0 5W 24+6- MIAMI, Fl. 3314	<u>-</u> 5^	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg		
Required Signature/Registered Agent	12/14/13 Date	
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon	e true. I am aware that the false information submitted in a	
Required Signature/Incorporator		
. Required Signature metripitation	Date	