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COVER LETTER

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

SUBJECT:	Leah Brya	nt P.A. TENAME-MUSTINCL	
	(PROPOSED CORPORA	ATE NAMÉ – <u>MUST INCL</u>	<u>UDĒ SŪFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		yant (Printed or typed)	
<u></u>	467 N Jeaga	<u>Dr.</u> Address	
_	Jupiter, FL.	33458 State & Zip	
	561 - 843-3 Daytime T	OSS Telephone number	
	F-mail address: (to be use	12 @ gmail.	COM

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)

The name of the corporat	tion shall be: Leah	Bryant P.	A	
	NCIPAL OFFICE Principal street address Jeaga Dr. FL 33458		Mailing address, if diff	erent is:
ARTICLE III PUR. The purpose for which the	POSE he corporation is organized is:	Real estat	e Sales	
				.4
	res stock is: 100 rial officers and/or di :: Leah Bryant-Pr 1467 N. Jeoga So Jupiter, Fl. 334	PSICLENT Name and Title:		NISION OF COMPRANTIONS
Name and Title:				
Name and Title: Address		Name and Title: Address:		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NO	T acceptable) of the registered agent is:
Name: Sherry Fra	
Address: 106 Sweeth	
Jupiter, FL	33458
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Leah Bry Address: 1467 N Jea	ant_
Address: 1467 N Jec	1ga Dr.
Jupîter, FL	33458
Having been numed us registered agent to accept se his certificates am familiar with and accept the app	rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
Drawy Jean	ored Agent Date
Required Signature/Regist	ored Agent Date 1 /
submit this document and affirm that the facts sto locument to the Department of State constitutes a th	ated herein are true. I am aware that the false information submitted in a ird degree felony as provided for in s.817.155, F.S.
21.3	2/15/14
Required Signature/lucq	reporator Date V