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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
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(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT:	Leslie Sv		
Enclosed are an orio	(PROPOSED CORPORA rinal and one (1) copy of the arti	TE NAME - MUST INCLU	
\$70.00	• • •	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		Svarczk (Printed or typed)	
	Palm Ha	rbor, FL State & Zip	34683
	727-644 Daytime T	elephone number	

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 co	NAME rporation shall be:	Leslie S	varcz Ko	pf P.A.	
	PRINCIPAL OFFIC	e <u>E</u> ddress		iling address, if different	is:
1693 V	irginia A	venue			
Palm	Harbor, S	1 34683			
ARTICLE III	<b>PURPOSE</b> nich the corporation is	organizad is:			
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ARTICLE IV	SHARES	6 A		•	
The number of shar	res of stock is: \(\frac{1}{\chi}\)C	000			
ARTICLE V	INITIAL OFFICER	S AND/OR DIRECTO	ors o Preside	nt.	
Name and		Svar czkop			
Address	1643 V	irapina Av	<b>ℓ</b> · Address:		
	Palm	Harbor, M	<u> </u>		
	<del></del>	34683			
Name and	Title:		Name and Title:		
Address			Address:		
			<u> </u>		
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Name and	Title:		Name and Title:		
Address			Address:		
				10.	

Name and Title:	Name and Title:
Address	Address:
	<del></del>
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable	
Name: Leslie Svarczkup	<u>†</u>
Address: 1693 Virginia Are	_ <u>.</u>
Palm Harbor, FL	
1001 1 (10) 501)	21000
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Loslie Svarczk	foof
VCQ2 Vivcatala A	•
v 1 1 1	_
Falm Harbor, FL	_34683
Having been named as registered agent to accept service of production	
this certificate, I am familiar with and accept the appointment as	registered agent and agree to act in this capacity
Jestie On	6/10/2014
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in a
ancument to the Department of State Constitutes a third degree je	Chalasu
Required Signature Incorporator	Date 19
resquired organical or most portation	