

P140000 S9557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

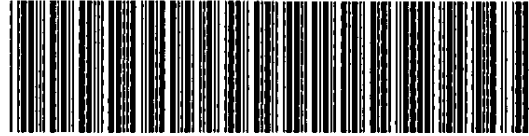
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14 JUL 11 PM 4:13
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: **LEANIA INC**

(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: **JACQUELINE JOHNSON**

Name (Printed or typed)

1880 NW 58 TERRACE

Address

SUNRISE FL 33313

City, State & Zip

954 682 3018

Daytime Telephone number

PONCAKE55@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

The name of the corporation shall be: LEANIA Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1880 NW 58 TERRACE

SUNRISE FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT ALL LEGAL BUSINESS IN THE STATE

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JACQUELINE JOHNSON - PRESIDENT, SECRETARY, TREASURER Name and Title: _____

Address 1880 NW 58 TERRACE Address: _____
SUNRISE FL 33313

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(conti.)

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: JACQUELINE JOHNSON

Address: 1880 NW 58 TERRACE
SUNRISE FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JACQUELINE JOHNSON

Address: 1880 NW 58 TERRACE
SUNRISE FL 33313

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

7.9.14

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

7.9.14

Date