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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

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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
LLEONART LENDING INC

Certificate of Status	0
Certified Copy	1
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COVER LETTER

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

SUBJECT: LLEONART LENDING 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: ALBERT R COHEN
Name (Printed or typed)

11420 N KENDALL DR #203
Address

MIAMI FL 33176
City, State & Zip

305-271-3666 EXT 205
Daytime Telephone number

EIDA@DEJESUS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

14 JUL 22 AM 8:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: LLEONART LENDING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
9295 S.W. 35 STREET	
MIAMI, FL 33165	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Rodolfo Lleonart, Pres	Name and Title:	
Address	9295 S.W 35 STREET	Address:	
	MIAMI, FL 33165		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

(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: ALBERT R. COHEN

Address: 11420 N. KENDALL DR. #203

MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALBERT R. COHEN

Address: 11420 N. KENDALL DR #203

MIAMI, FL 33176

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

/ Albert R. Cohen _____ 7/21/14

Required Signature/Registered Agent 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.

Albert R Cohen _____ 7/21/14

Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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