

07/07/2007 03:32

#177 P-0011008

# P/4000071447

Division of Corporations  
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(((H14000200970 3)))



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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC  
Account Number : I20000000019  
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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.\*\***

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## FLORIDA PROFIT/NON PROFIT CORPORATION LEVERAGE CONSULTING NS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

*✓* 08/27/14

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Leverage Consulting NS INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3740 SW 104 ave  
Miami FL 33165

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

JUAN B. Gonzalez (P)

SECRETARY OF STATE  
ALLIANCE FLORIDA

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Juan B. Gonzalez  
3740 SW 104 ave  
Miami FL 33165

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

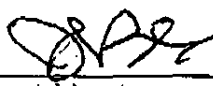
Juan B. Gonzalez  
3740 SW 104 ave  
Miami FL 33165

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**Required Signatures:**

**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**

  
\_\_\_\_\_  
Registered Agent08/26/14  
\_\_\_\_\_  
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.**

  
\_\_\_\_\_  
Incorporator08/26/14  
\_\_\_\_\_  
Date

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