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1/4

COVER LETTER

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

SUBJECT:	Leon Book	ING.	
	(PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Folih B	ALAY ne (Printed or typed)	
	2318 500	Mateo Co	u/t
	Tallo hos	5500 FL 3 7, State & Zip	2303
	850 Z	345 15 27 Telephone number	
	leon book fall	y 9 o mail con	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)



The name of the corporation sh	nall be: Leon	Book	Inc.	- 14 007 31 1	
	AL OFFICE ipal street address		Mailin		
	oteo Court		1218	g address, if differen	A SIDA O
Tollo hossee, 1	^		Tollaho	ssee, fl	3730
ARTICLE III PURPOSI The purpose for which the cor	groration is organized is:	Selling	Book:	s online	
			1.2		
ARTICLE IV SHARES The number of shares of stock ARTICLE V INITIAL Name and Title:	OFFICERS AND/OR I	DIRECTORS O I PICSIC Nar	ENE) ne and Title:		
		10100001 L 3730			
Name and Title:	·	Nar	ne and Title:		
					
Address		Ado	dress:		



(conti.)

14 OCT 31 PH 3: 29

Name and Title:	Name and Title:	SECTION OF
Address	Address:	
		<u> </u>
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT a	acceptable) of the registered agent i	is:
	alih ATAY	
Address: 2318, 5an M	ateo Court	
Tallahassee,	FC 32303	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Fatih HTA	Y	
9	Mateo Coust	
Tallahassee,	<i>FL 3</i> 2303	
Having been named as registered agent to accept servi this certificate, I am familiar with and accept the appoi	ice of process for the above stated ntment as registered agent and ag	l corporation at the place designated in tree to act in this capacity
As h		10-31-2014
Required Signature/Registere	ed Agent	Date
I submit this document and affirm that the facts state document to the Department of State constitutes a thifd	d herein are true. I am aware the l degree felony as provided for in s	at the false information submitted in a s.817.155, F.S.
		10-31-2014
Required Arming Incorp	orator	Date .
V		