

P14000095038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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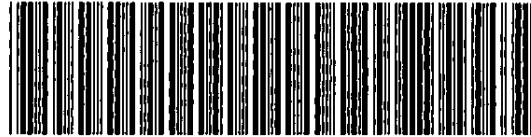
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/25/14

COVER LETTER

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

SUBJECT: Leeds2Net.com 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Steven Clyne

Name (Printed or typed)

1712 Sw 2nd Ave Unit PH5

Address

Miami, FL 33129

City, State & Zip

561-900-7151

Daytime Telephone number

steveclyne77@gmail.com

E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE, FL 32314
NOV 20 2007

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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: Leeds2Net.com Inc.

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ARTICLE II. PRINCIPAL OFFICE

Principal street address

1712 sw 2nd unit PH5

Miami, FL 33129

14 NOV 20 PM 3:31
Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: To offer marketing for purchase.

ARTICLE IV. SHARES

The number of shares of stock is: 100

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Clyne CEO

Address: 1712 sw 2nd ave PH5

Miami, FL 33129

Name and Title: John Petrucco CFO

Address: 1453 E Bexley Park dr

Delray Beach, FL 33445

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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: Steven Clyne
Address: 1712 sw 2nd ave ph5
Miami, FL 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven Clyne
Address: 1712 sw 2nd ave ph5
Miami, FL 33129

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

11/17/2014

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

11/17/2014

Date

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TALLAHASSEE, FLORIDA