

P 400097389

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status

Special Instructions to Filing Officer:

Office Use Only

W14-68409



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 4 2014

S. GILBERT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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14 DEC -1 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 13, 2014

GLADYS STENFTENAGEL
1364 AVON LANE, SUITE 17
NORTH LAUDERDALE, FL 33068

SUBJECT: INTERLEAF, INC.
Ref. Number: W14000068409

We have received your document for INTERLEAF, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 014A00024136

COVER LETTER

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

*Previously submitted with payment. Please see enclosed
Division of Corporations letter dated November 13, 2014*

SUBJECT: Interleaf Strategy Group, 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: Gladys Stenftenagel

Name (Printed or typed)

1364 Avon Lane, Suite 17

Address

North Lauderdale, FL 33068

City, State & Zip

954-482-1849

Daytime Telephone number

stenftenagelg@gmail.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: Interleaf Strategy Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1364 Avon Lane

Suite 17

North Lauderdale, Fl. 33068

Mailing address, if different, is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any or all lawful business
pursuant to the Florida Statutes and these Articles of Incorporation.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gladys Stenftenagel, President & CEO

Name and Title: _____

Address

1364 Avon Lane

Address: _____

Suite 17

North Lauderdale Fl. 33068

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

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: Maria Diaz
Address: 6103 70th Ave
Tamarac, Fl. 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gladys Stenftenagel
Address: Avon Lane, Suite 17
North Lauderdale, Fl. 33068

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

Maria Diaz
Required Signature/Registered Agent

11/3/2014
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.

Gladys Stenftenagel
Required Signature/Incorporator

11/3/2014
Date