

PISOUUU 14159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

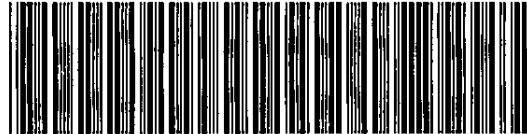
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



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01/26/15--01005--003 \*\*70.00

15 FEB 10 PM 2:20

BIVINS & BIVINS  
ATTORNEYS AT LAW  
1714 N. 1ST AVE.  
SUITE 200  
DENVER, CO 80202  
(303) 733-1111  
www.bivinslaw.com

WISOUUU Office Use Only 07486

FEB 11 2015

T. SCOTT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2015

WALESKA RODRIGUEZ LEON  
8203 SUN SPRING CIRCLE #22  
ORLANDO, FL 32825

SUBJECT: WALESKA RODRIGUEZ LEON P.A.  
Ref. Number: W15000007486

We have received your document for WALESKA RODRIGUEZ LEON P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 015A00002073

## COVER LETTER

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

SUBJECT: Waleska Rodriguez Leon P.A.  
(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: Waleska Rodriguez Leon  
Name (Printed or typed)

8203 Sun Spring Circle #22  
Address

Orlando FL 32825  
City, State & Zip

(407) 929-2734  
Daytime Telephone number

WaleskaR@yahoo.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: Waleska Rodriguez Leon P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8203 Sun Spring Circle #22

P.O. Box 720847

Orlando FL 32825

Orlando FL 32872

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Realtor, Real Estate

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Waleska Rodriguez Leon, President Name and Title: \_\_\_\_\_

Address 8203 Sun Spring Circle #22 Address: \_\_\_\_\_

Orlando FL 32825 \_\_\_\_\_

Name and Title: Waleska Rodriguez Leon, Vice President Name and Title: \_\_\_\_\_

Address 8203 Sun Spring Cir. #22 Address: \_\_\_\_\_

Orlando FL 32825 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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(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: Waleska Rodriguez León

Address: 8203 Sun Spring Cir. #22

Orlando FL 32825

**ARTICLE VII INCORPORATOR**

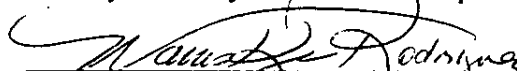
The **name and address** of the Incorporator is:

Name: Waleska Rodriguez León

Address: 8203 Sun Spring Circle #22

Orlando FL 32825


*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

1-13-15

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

1-13-15

Date