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15 APR -2 PM 1:20
CLERK OF THE STATE
PALM BEACH, FLORIDA

COVER LETTER

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

SUBJECT: Leath and Leath, 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: Mark C. Leath
Name (Printed or typed)

10960 Myrtlewood Lane

Address

Port St. Lucie, FL 34986

City, State & Zip

772-370-3045

Daytime Telephone number

leathm@aol.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: Leath and Leath, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10960 Myrtlewood Lane

Port St. Lucie, Fl 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Pharmacy

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STATE OF FLORIDA
HALL COUNTY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Leath, Pesident

Name and Title: Lois Leath, Treasurer

Address 10960 Myrtlewood Lane
Port St. Lucie Fl 34986

Address: 10960 Myrtlewood Lane
Port St. Lucie, Fl 34986

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: Lois Leath

Address: 10960 Myrtlewood Lane

Port St. Lucie, Fl 34986

ARTICLE VII INCORPORATOR

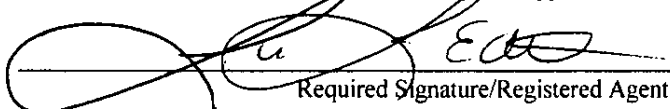
The name and address of the Incorporator is:

Name: Mark Leath

Address: 10960 Myrtlewood Lane

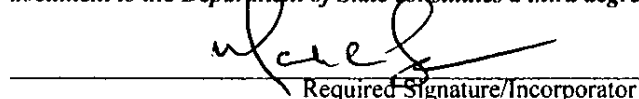
Port St. Lucie, Fl 34986

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

1/2/2015
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

1/02/2015
Date