

PKS00037496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/15--01001--017 **70.00

RECEIVED
15 APR 15 10:00
DIVISION OF CORPORATIONS

FILED
15 APR 27 AM 9:08
STATE OF FLORIDA
TALLAHASSEE

WLS-16846

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LEIKLEI SERVICES INC

Signature _____

Requested by: vw

03/09/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2015

CAPITAL CONNECTION, INC.

SUBJECT: LEIKLEI SERVICES INC
Ref. Number: W15000016846

We have received your document for LEIKLEI SERVICES INC 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 registered agent must have a Florida street address. A post office box is not acceptable.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 715A00004801

RECEIVED
15 APR 27 PM 4:01
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LEIKLEI SERVICES INC

Signature _____

Requested by: SETH

04/27/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
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____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

FILED
15 APR 27 AM 9:09
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

ARTICLES OF INCORPORATION

OF

**LEIKLEI SERVICES INC
13912 LEM TURNER RD
JACKSONVILL. FL 32218**

**THE UNDERSIGNED SUBSCRIBER (S) TO THESE ARTICLES OF
INCORPORATION, NATURAL PERSON(S) COMPETENT TO CONTRACT, HEREBY
FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.**

ARTICLE 1 CORPORATE NAME

THE NAME OF THE CORPORATION IS: LEIKLEI SERVICES INC

THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS:

**13912 LEM TURNER RD
JACKSONVILL, FL 32218**

ARTICLE 11 - DURATION

**.THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING
TO FLORIDA LAW.**

ARTICLE 111 - PURPOSE

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES
AND THE STATE OF FLORIDA.**

ARTICLE IV - CAPITAL STOCK

**THE CORPORATION IS AUTHORIZED TO ISSUE (FIVE HUNDRED) SHARES (500) OF
ONE DOLLAR (1.00) PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED
"COMMON STOCK".**

ARTICLE V - INITIAL REGISTERED AGENT AND MAILING ADDRESS.

**THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT OF THIS
CORPORATION :**

FILED
15 APR 27 AM 9:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NAME: LAKEISHA ROBERTSON

PRINCIPLE AND MAILING ADDRESS:

**1391 LEM TURNER RD
JACKSONVILLE, FL 32218**

ARTICLE VI - INITIAL BOARD OF DIRECTORS

**THIS CORPORATION SHALL HAVE ONE (1)
DIRECTORS INITIALLY, THE NUMBER OF DIRECTORS MAY BE INCREASED OR
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE
LESS THAN ONE (1).**

CORPORATION DIRECTORS (1)

**NAME; LAKEISHA ROBERTSON
PRINCIPLE MAILING ADDRESS: 13912 LEM TURNER RD
CITY JACKSONVILLE STATE FL ZIP CODE 32218**

**NAME:
PRINCIPLE MAILING ADDRESS:
CITY _____ STATE _____ ZIP CODE:**

**NAME:
PRINCIPLE MAILING ADDRESS:
CITY _____ STATE _____ ZIP CODE:**

ARTICLE VII - INCORPORATORS

**THE NAME AND ADDRESS OF THE PERSON(S) SIGNING THESE ARTICLES OF
INCORPORATION ARE AS FOLLOWS:**

**NAME: LAKEISHA ROBERTSON
PRINCIPLE MAILING ADDRESS: 13912 LEM TURNER RD
CITY: JACKSONVILLE STATE; FL ZIP CODE 32218**

CERTIFICATE AND ACKNOWLEDGEMENT FOR REGISTERED AGENT:

CERTIFICATE OF REGISTERED AGENT OF:

**LEIKLEI SERVICES INC
NAME OF CORPORATION**

**PURSUANT TO FLORIDA STATUTE SECTION (48.091) AND (607.304) THE FOLLOWING
SUBMITTED:**

THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH IT'S REGISTERED OFFICE AS INDICATED IN THE
ARTICLES OF INCORPORATION:

ADDRESS: 13912 LEM TURNER RD JACKSONVILLE, FL 32218

HAS NAMED LAKEISHA ROBERTSON _____

LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTEREDS REGISTERED AGENT
TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

ACKNOWLEDGEMENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE
PROVISIONS OF FLORIDA LAW IN KEEPING OPENSaid OFFICE.

I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS
REGISTERED AGENT.


REGISTERED AGENT

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (S) HAVE EXECUTED
THESE ARTICLES OF INCORPORATION THIS 24 DAY of

April 2015

SIGNED

SIGNED

SIGNED

STATE OF FLORIDA

COUNTY OF: Duval

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE
ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE
PERSONALLY APPEARED

Personnely known LaKeisha Robertson

KNOWN TO ME AND KNOWN TO BE THE PERSON(S) WHO EXECUTED THE
FOREGOING ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE
BEFORE ME THAT (HE) OR (SHE)

EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HERE UNTO AFFIXED MY HAND AND SEAL, IN
THE STATE AND COUNTY AFORESAID THIS 24th DAY of
April 2015

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

Linda L Wilson

LINDA L WILSON
MY COMMISSION NO
MY COMMISSION EXPIRES



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15 APR 27 AM 9:09
TALLAHASSEE, FLORIDA