

P15000067480

(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:

~~W15-50808~~

Office Use Only



200274726852

07/22/15--01003--005 **87.50

EFFECTIVE DATE

7-19-15

FILED
2015 JUL 22 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2015

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COVER LETTER

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

Leyan Cargi Inc.

SUBJECT: _____
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Chad Smith

Name (Printed or typed)

2285 Marsh Hawk Lane Apt 101 Building 18

Address

Fleming Island, FL, 32003

City, State & Zip

904-657-8521

Daytime Telephone number

Leyancargi@gmail.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2015

CHAD SMITH
2285 MARSH HAWK LANE, APT 101, BLDG 18
FLEMING ISLAND, FL 32003

RECEIVED AUG 11 2015

SUBJECT: LEYAN CARGI INC.
Ref. Number: W15000050808

We have received your document for LEYAN CARGI 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please list the title of the officer on the document.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 115A00015798

EFFECTIVE DATE

7-19-15

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Leyan Cargi Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

7946 Melvin Road 32210

Jacksonville, FL

Mailing address, if different is:

2285 Marsh Hawk Lane Apt 101 Building 18

Fleming Island, FL, 32003

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Engage In Any Activity or Business Permitted Under The Laws of The United States and State of Florida.

ARTICLE IV SHARES

1

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chad Smith (Officer)

Address: 7946 Melvin Road 32210

Jacksonville, FL

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Chad Smith
Address: 7946 Melvin Road
Jacksonville FL, 32210

ARTICLE VII INCORPORATOR

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

Name: Chad Smith
Address: 7946 Melvin Road
Jacksonville FL, 32210

ARTICLE VIII EFFECTIVE DATE: Sunday, July 19th, 2015

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Sunday, July 19th, 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 §.817.155, F.S.



Required Signature/Incorporator

Sunday, July 19th, 2015

Date