

P160000035452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

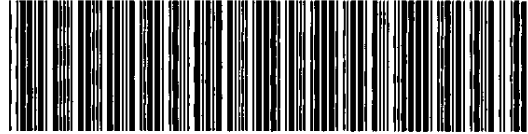
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/16--01022--006 **78.75

2016 APR 18 PM 2:42
SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

TH
4-21-16

COVER LETTER

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

SUBJECT: Leek Living 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: Donna Keel
Name (Printed or typed)

6901 Okeechobee Blvd #D5-H5
Address

West Palm Beach, Florida 33411
City, State & Zip

(561) 846-2648
Daytime Telephone number

leekliving@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: Leek Living Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

6901 Okeechobee Blvd

D5 - H5

West Palm Beach, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to resale ~~cost~~ furniture.

ARTICLE IV SHARES

The number of shares of stock is: (1) one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Keel, President Name and Title: _____

Address 6901 Okeechobee Blvd Address: _____

D5 - H5 _____

West Palm Beach, FL 33411 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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18 APR 18 PM 2:42
TALLAHASSEE FLORIDA

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: Donna Keel

Address: 6901 Okeechobee Blvd #D5-H5
West Palm Beach, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donna Keel

Address: 6901 Okeechobee Blvd #D5-H5
West Palm Beach, FL 33411

16 APR 18 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FL 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04.15.2016 (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

[Signature]

Required Signature/Registered Agent

04.15.16

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.

[Signature]

Required Signature/Incorporator

04.15.16

Date