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| (Requestor's Name) | | | | |
|-------------------------|----------------------|----------|--|--|
| (Address) | | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phone # | f) | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates c | f Status | | |
| Special Instructions to | Filing Officer: | | | |
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| | | | | |
| Office Use Only | | | | |



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16 AUG -3 FK 12: 04



COVER LETTER

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

| GENER U BJECT: | AL LEE SERVICES INC. | | | |
|--------------------------|--|-------------------------------------|----------------------------|----------|
| OBJEC1 | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| nclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | d a check for: | - |
| □ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | & Certificate of Status | |
| | | ADDITIONAL CO | DPY REQUIRED | |
| FROM: | DBERT E. LEE Nam HOMESTEAD CIRCLE | e (Printed or typed) | | |
| | | Address | <u> </u> | |
| NO | RTH PORT FL, 34286 | | • | 16 |
| - | City | , State & Zip | | AUG |
| 318 | 6172772 | | 19.3 | Ü |
| Daytime Telephone number | | | | |
| gen | relee227@yahoo.com | | 7 : | 15 |
| | E-mail address: (to be use | ed for future annual report | notification) | <u>;</u> |

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



July 6, 2016

ROBERT E. LEE 2450 HOMESTEAD CIRCLE NORTH PORT, FL 34286

SUBJECT: GENERAL LEE SERVICES INC.

Ref. Number: W16000047220

We have received your document for GENERAL LEE SERVICES 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):

Please list the complete street addresses wherever it appears in your document.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 716A00014158

 \sim

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

| ARTICLE I NAME The name of the corporat | GENERAL LEE SERVICES I | NC | 16 AUG -3 FK 12: 0 |
|--|---|---|--|
| ARTICLE II PRINC | | 1 | Mailing address, if different is: S PRINCIPAL OFFICE |
| ARTICLE III PURPO The purpose for which the | DSE he corporation is organized is: | L ACTIVITY AN | D SERVICES. |
| | | | |
| | | | |
| The number of shares of | stock is: | | |
| The number of shares of | stock is: **L OFFICERS AND/OR DIRECTORS** ROBERT F. LEE | Name and Title: | AYDA M. RENGIFO |
| The number of shares of | stock is: **L OFFICERS AND/OR DIRECTORS** ROBERT F. LEE | _ Name and Title: | AYDA M. RENGIFO 2450 HOMESTEAD CIRCLE, NORTH |
| The number of shares of ARTICLE V INITIA Name and Title | stock is: **LOFFICERS AND/OR DIRECTORS** ROBERT E. LEE :: | _ Name and Title: | |
| Name and Title Address | ROBERT E. LEE 2450 HOMESTEAD CIRCLE, NORTH | _ Name and Title: _ Address: _ Name and Title: _ Address: | 2450 HOMESTEAD CIRCLE, NORTH PORT, FL, 34286 |

| Name ar | nd Title: | Name and Title: |
|---|---|--|
| Address | | _ Address: |
| | | |
| | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of | of the registered agent is: |
| Name: | ROBERT E. LEE | - - - 6 |
| Address: | 2450 HOMESTEAD CIRCLE, NORTH | |
| | PORT FL, 34286. | |
| ARTICLE VII | INCORPORATOR | |
| The <u>name and a</u> | ddress of the Incorporator is: | 4.4. e |
| Name: | ROBERT E. LEE | <u> </u> |
| Address: | 2450 HOMESTEAD CIRCLE, NORTH | |
| | PORT FL, 34286 | - |
| Effective date, if (If an effective days after the fine the Note: If the date | iling.) e inserted in this block does not meet the applicable | ot be more than five business days prior or 90 business e statutory filing requirements, this date will not be listed as |
| Having been na this certificate, I | effective date on the Department of State's records med as registered agent to accept service of proces am familiar with and accept the appointment as re | ss for the above stated corporation at the place designated in |
| | Required Signature/Registered Agent | Date |
| | cument and affirm that the facts stated herein are Department of State constitutes a third degree felo | e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S. |
| | ured Signature/Informorator | V-1-16 |