

P16000074953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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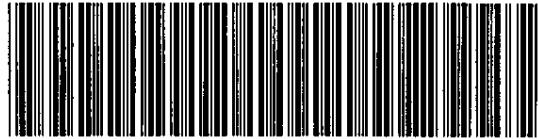
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 SEP - 1 AM 7:28  
STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** LEEK GEEK OF FLORIDA, 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: Jenn Smiley  
Name (Printed or typed)

6358 Narragansett Bay dr #201  
Address

Tampa FL 33615  
City, State & Zip

321-960 0176  
Daytime Telephone number

orpm22@hotmail.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: LEEK GEEK OF FLORIDA, Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different from

343 DOUGLAS RD E

6358 NARRAGANSETT BAY DR # 201

OLDSMAR, FL 34677

TAMPA, FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REPAIR AND FIND POOL LEAKS AND SPA LEEKS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: j SMILEY

Name and Title: EVELYN GIBSON

Address 6358 NARRAGANSETT BAY DR 201

Address: 8039 LEE ST #103

TAMPA, FL 33615

AURORA, CO 80005

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MAX SMILEY  
Address: 6358 NARRAGANSETT BAY DR #201  
TAMPA, FL 33615

**ARTICLE VII INCORPORATOR**

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

Name: J SMILEY  
Address: 6358 NARRAGANSEWT BAY DR 201  
TAMPA, FL 33615

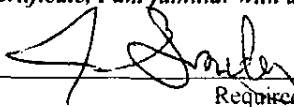
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/01/2016 (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.)

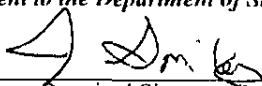
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 \_\_\_\_\_  
Required Signature/Registered Agent

8-30-16  
\_\_\_\_\_  
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.*

 \_\_\_\_\_  
Required Signature/Incorporator

8-30-16  
\_\_\_\_\_  
Date