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**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 SEP -5 AM 9:48

**FLORIDA PROFIT/NON PROFIT CORPORATION
LEIKER INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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17 SEP -5 PM 4:28

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

LEIKER INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4850 W FLAGLER # 6
Coral Gables FL 33134

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Felisa Gonzalez Diaz (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Felisa Gonzalez Diaz
4850 W Flagler #6
Coral Gables FL 33134

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Felisa Gonzalez Diaz
4850 W Flagler #6
Coral Gables 33134

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Required Signatures:

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

Falisa Gonzalez
Registered Agent _____ 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.

Falisa Gonzalez
Incorporator _____ Date _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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