

P18 000 011 777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

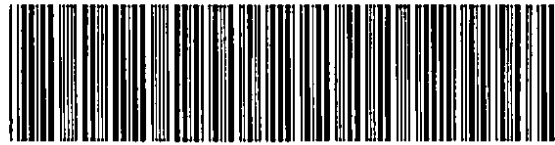
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
FEB 06 2018

COVER LETTER

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

SUBJECT: LEAL SOLUTIONS 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: VINICIUS LEAL
Name (Printed or typed)

2315 W OKEECHOBBE ROAD APT. 105
Address

HIALEAH, FLORIDA 33010
City, State & Zip

(774) 417-4787
Daytime Telephone number

vinicius.leal@outlook.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 LEAL SOLUTIONS INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
2315 W OKEECHOBEE ROAD APT. 105
HIALEAH FLORIDA 33010

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ESTIMATE CONSTRUCTION SERVICE

ARTICLE IV SHARES

The number of shares of stock is: _____

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VINICIUS LEAL Name and Title: _____

Address 2315 W OKEECHOBEE ROAD APT. 105 Address: _____
HIALEAH FLORIDA 33010

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: VINICIUS LEAL
Address: 2315 W OKEECHOBEE ROAD APT. 105
HIALEAH FLORIDA 33010

ARTICLE VII INCORPORATOR

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

Name: VINICIUS LEAL
Address: 2315 W OKEECHOBEE ROAD APT. 105
HIALEAH FLORIDA 33010


ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

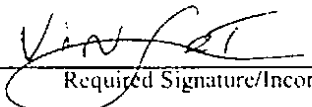


Required Signature/Registered Agent

01/24/2018

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

01/24/2018

Date