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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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RECEIVED
2018 JUN 18 AM 8:42
COMMERCIAL
REGISTRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
LEO SOLUTIONS GROUP, INC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 18 AM 9:17

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

ARTICLE I NAMEThe name of the corporation shall be: LEO SOLUTIONS GROUP, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
9281 SUNRISE LAKES BLVD # 203SUNRISE, FL 33322Mailing address, if different is:
9281 SUNRISE LAKES BLVD # 203SUNRISE, FL 33322**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUCIA ECHEVERRI

Name and Title: _____

Address: PRESIDENT

Address: _____

9281 SUNRISE LAKES BLVD # 203SUNRISE, FL 33322

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: LUCIA ECHEVERRI

Address: 9281 SUNRISE LAKES BLVD # 203

SUNRISE, FL 33322

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LUCIA ECHEVERRI

Address: 9281 SUNRISE LAKES BLVD # 203

SUNRISE, FL 33322

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 06/15/2018 (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

x Lucia Echeverri

Required Signature/Registered Agent

06/15/2018

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.

x Lucia Echeverri

Required Signature/Incorporator

06/15/2018

Date

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