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

From: Account Name : PEDRO LOZQUINOS
Account Number : 120170000042
Phone : (954) 655-6413
Fax Number : (954) 432-8807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUZQUINOSFE@HOTMAIL.COM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 22 AM 9:31

FLORIDA PROFIT/NON PROFIT CORPORATION
LEONZA INT'L INC

Certificate of Status	0
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Page Count	01
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ID 4122110

H 19 000 130 200 3

COVER LETTER

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

SUBJECT: LEONZA INTL 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: LEONZA INTL INC

Name (Printed or typed)

7914 HARBOR ISLAND DR APT C206

Address

NORTH BAY VILLAGE, FL 33141

City, State & Zip

305-450-3546

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

H190001302003

1 >> 850-617-6381
1719 000 130 2003

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: SARA B LEON ZAMORA

Address: 7914 HARBOR ISLAND DR APT C206
NORTH BAY VILLAGE, FL 33141

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SARA B LEON ZAMORA

Address: 7914 HARBOR ISLAND DR APT C206
NORTH BAY VILLAGE, FL 33141

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/20/2019 (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

Sara Leon 04/20/2019
Required Signature/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.

Sara Leon 04/20/2019
Required Signature/Incorporator Date

1719 000 130 2003

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

ARTICLE I NAME
The name of the corporation shall be: LEONZA INT'L INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
7914 HARBOR ISLAND DR APT C206
NORTH BAY VILLAGE, FL 33141

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>LUIS A LEON (P)</u>	Name and Title:	<u>MERLY J ZAMORA DE LEON (VP)</u>
Address:	<u>7914 HARBOR ISLAND DR APT C206</u> <u>NORTH BAY VILLAGE, FL 33141</u>	Address:	<u>7914 HARBOR ISLAND DR APT C20</u> <u>NORTH BAY VILLAGE, FL 33141</u>

Name and Title:	<u>SARA B LEON ZAMORA (T)</u>	Name and Title:	_____
Address:	<u>7914 HARBOR ISLAND DR APT C206</u> <u>NORTH BAY VILLAGE, FL 33141</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____