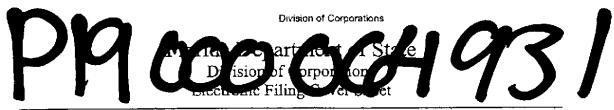
. 0

8/16/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000244673 3)))



H190002446733ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

-		
To:	Division of Corporations	
	Fax Number : (850)617-6381	1.4
	FBX Number . (830)017-0301	<i>5</i> 2
From:		
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	·
	Account Number : I20000000146	·
	Phone : (305)444~4994	
	Fax Number : (305)444-4977	- <u>:</u> - }-
	()	ラー
anr	the email address for this business entity to be used for hual report mailings. Enter only one email address please.	
E//		

FLORIDA PROFIT/NON PROFIT CORPORATION GREENLEAF INVESTMENT PROPERTIES INC.

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

8/19/2019 9:27:03 AM PAGE 1/001 Fax Server

August 19, 2019

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: GREENLEAF INVESTMENT PROPERTIES, INC.

REF: W19000076735

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

L03000022846

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II FAX Aud. #:

Letter Number: 819A00017030

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

ICLE II PRI	NCIPAL OFFICE Principal street address	Mailing	address, if different is:
S. STATE ROA	AD 7		
T PARK, FL 33	3023		
CLE III PUR ourpose for whice	POSE the the corporation is organized is: ANY A	ND ALL LAWFUL BUSINE	SS.
			<u> </u>
CLE V SHA	of stock is:		M9 19
Name and T	itle: GEORGE RAMIREZ (P)	Name and Title:	
Address	2409 ፍ ፍተልቸዋ ጀርነልሽን 7	Address:	Ç
	WEST PARK, FL 33023		7
Name and Ti	de:	Name and Title:	
Address		Address:	
Name and Ti	tle:	Name and Title:	·
Address		Address:	

Name and Title:		Name and Title:		
Addre	ss	Address:		
	NECOCOTORED ACTIVE			
The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accep	table) of the registered agent is:		
Name:	GEORGE RAMIREZ			
Address:	2509 S. STATE ROAD 7	<u> </u>		
	WEST PARK, FL 33023			
ARTICLE VII	INCORPORATOR	AUS 19 AH		
	N			
The <u>name</u> and ad	address of the Incorporator is: GEORGE RAMIREZ			
Name:	2509 S. STATE ROAD 7			
Address:	2309 S. STATE ROAD 7	·*-		
	WEST PARK, FL 33023			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date.	if other than the date of filing:	i cannot be more than five days prior or 90 days after the		
Note: If the da	te inserted in this block does not meet the app effective date on the Department of State's to	olicable statutory filing requirements, this date will not be listed as		
	- -			
Having been no this certificate, .	amed as registered agent to accept service of I am familiar with and accept the appointmen	process for the above stated corporation at the place designated in nt as registered agent and agree to act in this capacity		
\bigvee		8/12/2019		
/	Required Signature/Registered Ag	ent Date		
I submit this do	ocument and affirm that the facts stated her Department of State constitutes a third degr	ein are true. I am aware that the false information submitted in a		
HOCKETOWN IV IN	Deputition of Same consumes a main neg.			
		8/12/2019		
Requ	nired Signature/Incorporator	Date		