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COVER LETTER

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

SUBJECT: Leo and Leo S	ATENAME - MUST INCL	C.
(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 🔀 \$78.75	□ \$78.75	□ \$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
		Status
	ADDITIONAL CO	PY REQUIRED
	<u></u>	
FROM: Michael	Tlen	
FROM:	e (Printed or typed)	<u> </u>
2		
7168 Copperfi	eld Circle	ر
	Address	
1 0 kg 10 10 -th T1	100° 10 33	1467
Lake Worth, Flo	State & Zip	761
•	7 / A	
561-377-69	160	
Daytime '	Telephone number	-

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 The name of the corporate	tion shall be: <u>LCO</u>	and le	o Sec	writy I	nc.	
ARTICLE II PRINC				Mailing address, if di		
Lake wor	th, Florida	<i>334</i> 67				
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized	lis: to pr	ovide	security	/	
and off	duty police	SCRVICES				
					- (2) 21Zu	<u> </u>
						
					- # 	-
ARTICLE IV SHAR. The number of shares of	ES stock is:/				CF STATE	- -
	AL OFFICERS AND/OR D	<u>IRECTORS</u>				
Name and Title	Michael J.	Lco-president	ame and Title:			
Address	7168 Copperfi Lake Worth	eld CIT A 6 FL 33467	ddress:			
	· · · · · · · · · · · · · · · · · · ·	, 	-	· · · · · · · · · · · · · · · · · · ·		
Name and Title	Audrie M. A 7/68 Coppert	leo-president	(ame and Title:			
Address	7/68 Coppert Lake Worth	Field CIC A FL 33467	ddress:			
		· · · · · · · · · · · · · · · · · · ·	-			
Name and Title	·	N	ame and Title:			
Address		A	ddress:			
			-			
			-			

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Michael T. Leo Address: The Scaperfield Circle Lake Worth, FL 33467 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Michael T. Leo Address: The Scaperfield Circle Lake Worth, FL 33467 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 48/2020 (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 Michael Law Sequired Signature/Registered Agent 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.	Name and Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Michael T. Leo Address: Files Copperfield Circle Lake Worth, FL 33467 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Michael T. Leo Address: Italy Copperfield Circle Lake Worth, FL 33467 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 9/8/200 (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 Michael Label Required Signature/Registered Agent 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.	Address	Address:
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Address: The Superfield Circle Lake Worth FL 33 467 ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Michael J. Leo Address: The Superfield Circle Lake Worth, FL 33467 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 9/8/2020 (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 Michael Las Required Signature/Registered Agent 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.	The name and Florida street address (P.O. Box	x NOT acceptable) of the registered agent is:
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The name and address of the Incorporator is: Name: Michae J. Leo Address: III	Lake Worth, F.	Z 33467
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 Michael Required Signature/Registered Agent 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.	ARTICLE VII INCORPORATOR	27 - 5
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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 Michael Required Signature/Registered Agent 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.		V. Leo
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Effective date, if other than the date of filing:	Lake Worth	1, FL 33467
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 March Grant Grant Grant	Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be	9/8/2020 (OPTIONAL) e specific and cannot be more than five days prior or 90 days after the
Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Michael Good Good Date		
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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/R	Registered Agent / Date
	I submit this document and affirm that the fac	cts stated herein are true. I am aware that the false information submitted in
9/1/2 de 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	min I I I	9/:/-
Required Signature/Incorporator Date 9/6/70	Required Signature/Incorporator	Date // 6/ /20