P200000 81309

(Re	equestor's Name)			
(Ac	(Address)			
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	-		





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LEEZA AND NO	RA INVESTMENTS, INC.	
 		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
ignature		Fictitious Owner Search
		Vehicle Search
	 	Driving Record
equested by: SETH	10/14/20	UCC 1 or 3 File
lame	Date Time	UCC 11 Search
		UCC 11 Retrieval
Valk-In	Will Pick Up	Courier

COVER LETTER

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

SUBJECT:	PROPOSED CORPOR	OUR A INVESTMENTS ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:			
		e (Printed or typed) e (La St Address	
	711-JEILAS City,	PALC = 37781 State & Zip	
 _	Daytime T	elephone number	
	E-mail address: (to be used	d for future annual report no	otification)

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)

	ration shall be: ALGEXA AUD N	/ Nyr-s/ N	10.00, 3, 110	
ICLE II PRI	NCIPAL OFFICE			
70: 1111	Principal <u>street</u> address		Mailing addre	ss, if different is:
ATLAS PARK	FL 37781			
	7737 181			
TOLETH DID	DACE			
TCLE III PUR	1 the corporation is organized is: <u>Awy</u>	2.45		
purpose for wine.	into corporation is organized is. 174704	7701 3 / 7 PLL EVYLA	DE OL BUSI	<u> </u>
		· · · · ·		<u></u>
<u> </u>			 _	
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				2020
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ICLE IV SHA	RES			· · · · •
	of stock is: 100			<u> </u>
				A
ICIE V INIT	AL OFFICERS AND/OR DIRECTORS			<u> </u>
CLL F RALL	AL OFFICERS AND/OR DIRECTORS			c²⊥ ∞
Name and Tit	le: MUHAMMAD A. HUSSAIN, P.	Name and Title	<u>.</u>	
Address	6791 66# ST. N.	Address:		
	PINELLAS FARK FL 32781			
Name and Titl	e:	Name and Title:		<u> </u>
Address		A delenaci		
Addiess		Address:		
_		_		<u></u> .
Nome and Title		N.T. 1.775(A)		
tamic and Title		_ Name and Title:	-	
Address		Address:		
			-	
		_		

Name ar	d Title:	Name and Title:		
Address		Address:		
				
	<u>REGISTERED AGENT</u> <mark>orida street address</mark> (P.O. Box NOT acceptab	ele) of the registered agent is:		
Name:	MOMAUMAD A. HOSSAIN			
Address:	6791 660 # ST.N.			
	PINELLIAS PARK, EL 33781	<u></u>		
ARTICLE VII	<u>INCORPORATOR</u>			
The <u>name and ac</u>	Idress of the Incorporator is:			
Name:	MOHAMMAD A HUSSAIN			
Address:	6791 66 TST. N.			
	ANDLIAS PARK, FL 32781			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if (If an effective d	other than the date of filing:ate is listed, the date must be specific and c	(OPTIONA annot be more than five days	L) Sprior or 90 days after the	
filing.)		and the more than mee days	prior or 70 days areer the	
	inserted in this block does not meet the applic fective date on the Department of State's reco		ents, this date will not be listed as	
Having been nam certificate, I am fa	ed as registered agent to accept service of proc miliar with and accept the appointment as reg	ess for the above stated corpora fistered agent and agree to act i	ntion at the place designated in th in this capacity	
Pil	Required Signature/Registered Agent		16/16/220 Date	
	Réquired Signature/Registered Agent		Date	
submit this doci	iment and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the elony as provided for in s.817.1	false information submitted in 155, F.S.	
	e/Incorporator		14/h/1200	
Deanized Cianatur	ellacomorator		Date //// WUD	