

P21000062637

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ARNY LECKI P.A

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

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:

ARNY LECKIE P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

350 SALAMANCA AVE #3
CORAL GABLES, FL 33134

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REACTOR

JAMA BROKER ASSOCIATE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ARNY LECKIE (P)

Name and Title:

Address

350 salamanca Ave #3

Address:

Coral Gables Fl 33134

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 JUL - 7 AM 9:30

(cont.)

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Arny Leckie
Address: 350 Salamanca Ave #3
Coral Gables FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Arny Leckie
Address: 350 Salamanca Ave #3
Coral Gables FL 33134

2021 JUL -7 AM 9:30

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

Required Signature/Registered Agent

7/7/2021
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.

Required Signature/Incorporator

7/7/2021
Date