

P22000080684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

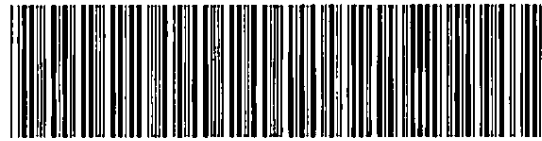
(Business Entity Name)

(Document Number)

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S. CHATHAM

OCT 23 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 21 AM 10:47

2022 OCT 21 PM 4:06

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$70.00

AUTHORIZATION SIGNATURE: *James Fullin*

LASLEONAS Corp

BUSINESS (Name)

Document #

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☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ APOSTIL () _____
Country

☐ Other

EXAMINER'S INITIALS: _____

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
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LASLEONAS Corp
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☐ Walk in ☐ Pick up time _____
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Country

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Lasleonas Corp
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Martin E Delloca
Name (Printed or typed)
848 Brickell Ave. Ste 1130
Address
Miami, FL 33131
City, State & Zip
305 - 607-3493
Daytime Telephone number
mdelloca@mdellconsulting.com
E-mail address: (to be used for future annual report notification)

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 corporation shall be: Lasleonas Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

848 Brickell Ave. Ste 1130

Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawfull business

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Moira Lilian Sigal, President

Name and Title: _____

Address 848 Brickell Ave. Ste 1130
Miami, FL 33131

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Bluemax Partners Corp
Address: 848 Brickell Ave. Ste 1130
Miami, FL 33131

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bluemax Partners Corp
Address: 848 Brickell Ave. Ste 1130
Miami, FL 33131

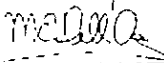
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

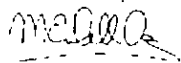
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 10/21/2022
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.

 10/21/2022
Required Signature/Incorporator Date