

PA300040033

Florida Department of State
Division of Corporations
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((H23000179618 3)))



H230001796183ABC4

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

From:
Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I2000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: frankchdez@gmail.com

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OPERATIONS
COMMERCIAL
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LEAFF CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

H230001796183

SUBJECT: LEAFF CORPORATION
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

FROM: ARES & COMPANY CPA PA
Name (Printed or typed)
3636 SW 87 AVE
Address
MIAMI, FL 33165
City, State & Zip
305-229-8256
Daytime Telephone number
INFO@ARESCPA.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL
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ARTICLES OF INCORPORATION

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

H23000179618 3

ARTICLE I NAME

The name of the corporation shall be: LEAFF CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
135 WESTON ROAD #214
WESTON, FL 33326

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANK C HERNANDEZ, PRESIDENT Name and Title: _____

Address 135 WESTON ROAD #214 Address: _____
WESTON, FL 33326 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: FRANK C HERNANDEZ

Address: 135 WESTON ROAD, #214
WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANK C HERNANDEZ

Address: 135 WESTON ROAD, #214
WESTON, FL 33326

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:

X _____ x 5/18/2023
 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.

X _____ x 5/18/2023
 Required Signature/Incorporator Date

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 TALLAHASSEE, FL

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