

P 24000003237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

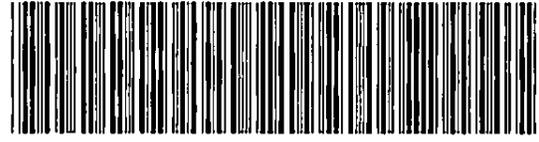
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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
& TRUSTS
TALLAHASSEE, FLORIDA

2024 JAN 16 AM 10:30

RECEIVED

2024

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 1/16

- XX CERTIFIED COPY** _____
PHOTOCOPY _____
GS _____
XX FILING INC _____

1. **ILEAP BUILD INC.**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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: iLeap Build Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

68 Bayard Pl. Saint Johns, FL ,32259

68 Bayard Pl. Saint Johns,FL,32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Building affordable housing for resale

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zoran Erak/President

Name and Title: Zoran Erak/Director

Address 68 Bayard Pl. Saint Johns Florida 32259

Address: 68 Bayard Pl. Saint Johns Florida 32259

Name and Title: Zoran Erak/Sec.

Name and Title: Mladenka Erak /Director

Address 68 Bayard Pl. Saint Johns Florida 32259

Address: 68 Bayard Pl. Saint Johns Florida 32259

Name and Title: Zoran Erak/Treasurer

Name and Title: _____

Address 68 Bayard Pl. Saint Johns Florida 32259

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: Registered Agents Inc

Address: 7901 4th St. N, Ste.300

St.Petersburg, FL, 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Amanda J. Beren

Address: 31416 Agoura Rd., Ste.118

Westlake Village, CA, 91361

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

David Roberts

01/12/2024

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.

AJB

01/12/2024

Required Signature/Incorporator

Date

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