

To:

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From: Alex Pina

1/23/24, 10:37 AM

Division of Corporations

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From:

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Account Number : 120190000095
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Fax Number : (305)602-3977

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FLORIDA PROFIT/NON PROFIT CORPORATION

DLeonHernandez Corporation

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

DLEONHERNANDEZ CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address
10818 Birchard Ln

Mailing address, if different is:

Jacksonville, FL 32257**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any And All Lawful Purpose.**ARTICLE IV SHARES**

The number of shares of stock is:

10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Josue D Leon Hernandez - President**

Name and Title:

Address **10818 Birchard Ln**

Address:

Jacksonville, FL 32257

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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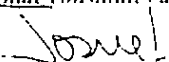
Address

Address:

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Alex Pina Co.Address: 8400 NW 36th St Ste 450Doral, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Josue D Leon HernandezAddress: 10818 Birchard LnJacksonville, FL 32257**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*_____
Required Signature/Registered Agent*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

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