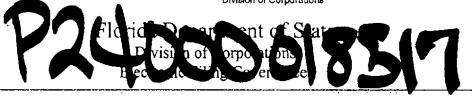
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Division of Corporations



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FLORIDA PROFIT/NON PROFIT CORPORATION LEON DREAMS SERVICES INC

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3/15/29 2 Help RDE

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

ie name of the corpo	pration shall be: LEON DREAMS SE	RVICES INC		
RTICLE II PRI 00 W 14TH LN ALEAH, FL 33012	NCIPAL OFFICE Principal street address	Mailing add	Mailing address, if different is:	
e purpose for whic	POSE h the corporation is organized is: ANY A	ND ALL LAWFUL BUSINES	SS	
TIÇLE IV SHA number of shares	RES of stock is: 100 SHARES			
	TAL OFFICERS AND/OR DIRECTORS			
Name and Ti		Name and Title:		
Address	5700 W 14TH LN HIALEAH, FL 33012	Address:		
	TIMELALI, I E 30012			
Name and Tit	le:	Nume and Title:		
Address		Address:		
			As t	
Name and Tit	le:	Name and Title:	CRETA LAHAS	
Address		Address:		
			STA CR	

Name an	d Title:	Name and Title:	
Address	·	Address:	
		•	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	JESSICA GUZMAN LEON	_	
Address:	5700 W 14TH LN		
	HIALEAH, FL 33012	_	
<u>ARTICLE VII</u>	INCORPORATOR		
The name and ac	diress of the Incorporator is:		
Name;	JESSICA GUZMAN LEON	<u> </u>	
Address:	5700 W 14TH LN		
	HIALEAH, FL 33012		
Effective date, if (If an effective d filing.) Note: If the date	other than the date of filing: ate is listed, the date must be specific and can inserted in this block does not meet the applicab ffective date on the Department of State's record	not be more than five days prior le statutory filing requirements, thi	·
certificate, I am J	ed as registered agent to accept service of process amiliar with and accept the appointment as regist		
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein a Department of State constitutes a third degree felo		information submitted in a
_Ø			SI TAI
Required Signatu	re/Incorporator	Date -	HAR I . "HE ELAHASSEE, FL