

3/14/24, 11:41 AM

Division of Corporations

P24000018317

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To:

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
LEON DREAMS SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2024 MAR 14 PM 12:50

SECRETARY OF STATE
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2024 MAR 14 PM 1:11

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: LEON DREAMS SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
5700 W 14TH LN
HIALEAH, FL 33012

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

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

Blank lines for additional purpose details.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JESSICA GUZMAN LEON- P
Address: 5700 W 14TH LN
HIALEAH, FL 33012

Name and Title:
Address:

Name and Title:
Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: JESSICA GUZMAN LEON
 Address: 5700 W 14TH LN
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

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

Name: JESSICA GUZMAN LEON
 Address: 5700 W 14TH LN
HIALEAH, FL 33012


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

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.



 Required Signature/Incorporator

Date

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 TALLAHASSEE, FLORIDA