

PL4000041424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

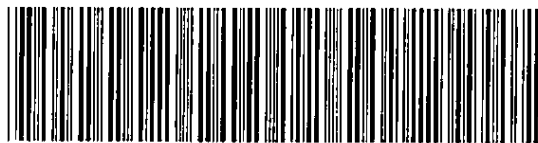
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200430639302

RECEIVED
JUL 18 PM 3:21

FILED

RECEIVED
JUL 18 PM 3:21

CO



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 06/18/24
Order #: 1539207-1
Re: LEGGERA HOLDINGS CORP.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the text "I20000000195" and "AUTH".

Please take the following action:

File in your office on basis

Issue Proof of Filing

FILED
JUN 19 2024
TALLAHASSEE, FL
CLERK OF COURT

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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: LEGGERA HOLDINGS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

40 S.W. 13TH STREET SUITE 802
MIAMI, FLORIDA, 33130

40 S.W. 13TH STREET SUITE 802
MIAMI, FLORIDA, 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES OF \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCELO VALENTINI - D/P/S
Address: 40 S.W. 13TH STREET SUITE 802
MIAMI, FLORIDA 33130

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: DYMAX INTERNATIONAL SERVICES INC.
Address: 40 S.W. 13TH STREET SUITE 802
MIAMI, FLORIDA 33130

ARTICLE VII INCORPORATOR

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

Name: MARCELO VALENTINI
Address: 40 S.W. 13TH STREET SUITE 802
MIAMI, FLORIDA 33130

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

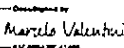


Required Signature/Registered Agent

06/14/2024

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

06/14/2024