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H9500005471
O: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

1452 W FLAGLER ST
SUITE 200
MIAMI FL 33135-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000005471))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: LETON ENTERPRISES, INC.

FAX AUDIT NUMBER: H95000005471 CURRENT STATUS: REQUESTED
DATE REQUESTED: 06/16/1995 TIME REQUESTED: 12:02:50
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95 MAY 17 PM 4: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8107101



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 16, 1995

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL 33135

SUBJECT: LETON ENTERPRISES, INC.
REF: W95000010412

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Please correct the R.A. Certificate, : place of business at 5400 N.W. 37th Ave., Miami, Fla. 33142 as its agent to accept. I think there is a paragraph missing between the city, state zip, and the word AS. Please correct and return R.A. certificate.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000005471
Letter Number: 195A00025226

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

⑦

**ARTICLE OF INCORPORATION
OF
LETON ENTERPRISES, INC.**

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The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the State of Florida.

ARTICLE I

The name of the corporation is LETON ENTERPRISES, INC.

**ARTICLE II
DURATION AND BEGINNING OF CORPORATE EXISTENCE**

The corporation shall exist perpetually. The Corporate existence shall commence as of filing of the Articles of Incorporation.

ARTICLE III

The corporation is organized for the purpose of transacting any and all lawful business.

**ARTICLE IV
CAPITAL STOCK**

The corporation is organized to have outstanding one class of stock designated as common stock. The maximum number of shares of common stock which the corporation is authorized to have outstanding is 100 shares of common stock at \$1.00 par value per share. Holders

ROBINSON E COLIN, P.A.
17625 N.W. 27th Ave.
Miami, FL 33055
(305) 621-7555
COLIN ROBINSON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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of common stock are entitled to vote on all questions required by law on the basis of one vote per share and there shall be no cumulative voting. Holders of common stock shall not have preemptive rights to subscribe to the corporation's securities.

ARTICLE V

The name of the initial registered agent of this corporation is GILBERT GIBBS. The state address of the initial registered office of the corporation in the State of Florida is 5400 NW 37TH AVENUE MIAMI, FLORIDA 33142.

ARTICLE VI
INITIAL BOARD OF DIRECTORS

The corporation shall have two (2) initial directors. The number of directors may be increased or decreased from time to time in the manner provided in the bylaws of the corporation. The name and street address of the initial Directors are:

GILBERT ANTONIO GIBBS

890 NW 213 LANE, #304
MIAMI, FLORIDA 33169

CARMEN WILLIAMS

17620 NW 82ND AVENUE
MIAMI, FLORIDA 33015

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**ARTICLE VII
INCORPORATION**

The name and address of the incorporator of these articles of Incorporation is GILBERT ANTONIO GIBBS 5400 NW 37TH AVENUE, MIAMI, FLORIDA, 33142.

**ARTICLE VIII
INDEMNIFICATION**

The corporation shall indemnify to the full extent permitted by law, the incorporator, any officer, director, employee, or agent of the corporation, or any person who at the request of the corporation is or was serving as a director, officer, employee, or agent of another corporation partnership, joint venture, trust or other enterprise.


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**ARTICLE I
AMENDMENT**

This corporation reserves the right to amend or repeal any prior provisions contained in these Articles of Incorporation or any amendment thereto.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation, the 10th day of May 1995.



GILBERT ANTONIO GIBBS

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STATE OF FLORIDA)
COUNTY OF BROWARD)

BEFORE ME, a Notary Public authorized to take acknowledgement in the State and County set forth above, personally appeared GILBERT GIBBS known to me and known by me to be the person who executed the foregoing Article of Incorporation, and he acknowledged before me that he executed these Article of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal in the State and County aforesaid, this 10th day of May 1995.



"OFFICIAL SEAL"
Colin O. Robinson
My Commission Expires 9/5/98
Commission #CC 405099

Colin O. Robinson
NOTARY PUBLIC
State of Florida at Large

My Commission Expires:

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**CERTIFICATE DESIGNATING REGISTERED AGENT AND
PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA, AND ACCEPTANCE OF AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Sections 48.091 and 507.034, Florida Statutes the following is submitted:

FIRST that LETON ENTERPRISES, INC. desiring to organize or qualify under the laws of the State of Florida with its principal place of business at 5400 NW 37TH AVENUE, MIAMI, FLORIDA 33142, has named GILBERT ANTONIO GIBBS of 890 NW 213 LANE, #304, MIAMI, FLORIDA, 33169, as its agent to accept service of process within Florida.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Dated this 10th day of May 1995.

BY: 

GILBERT GIBBS
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

56 NOV 27 AM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039254

1 Corporation Name

LETON ENTERPRISES, INC.

Principal Place of Business

5400 N.W. 37TH AVENUE
MIAMI FL 33142

Mailing Address

5400 N.W. 37TH AVENUE
MIAMI FL 33142

If above addresses are incorrect in any way line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Does Incorporated or Qualified
Do Business in Florida

05/17/95

Suite, Apt. # etc.

Suite, Apt. # etc.

5. FEI Number

25-0581772

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Application Fee (required
for a Certificate of Status)

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GIBBS, GILBERT A	890 N.W. 213 LANE #304	MIAMI FL 33169
D	WILLIAMS, CARMEN	17620 N.W. 82ND AVE.	MIAMI FL 33015

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12/93/96 01117 010

****375.00 ****375.00

JB11-27-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIBBS, GILBERT A
890 N.W. 213RD LANE
#304
MIAMI FL 33169

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. # Etc

City

State
FL

Zip Code

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/31/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DE FACTOR

Date

Daytime Phone #