P96000062785

TRANSMITTAL LETTER

96 JUL 25 PM 4:04

Department of State
Division of Corporations
P. O. 6327
Tallahassee, FL 32314

200000150470
-07/25/96--01036--011
*****70.00 *****70.00

SUBJECT: LEATNER CRAFTSMEN CORPORATION
(Proposed corporate name – must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☑ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate

☐ $122.50 Filing Fee & Certified Copy

☐ $131.25 Filing Fee, Certified Copy & Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM: LINDA S. WHITTAKER
Name (printed or typed)

6040 S. VERDE TR. #305
Address

BOCA RATON, FL. 33433
City, State & Zip

407-477-6292
Daytime Telephone Number

ST
7/26

Form A Articles of Incorporation

Articles of Incorporation

1. The name of the corporation shall be: LEATHER CRAFTSMEN CORPORATION

2. The principal place of business and mailing address of the corporation is:

6040 S. ITH VERDE TRAIL, #305 BOCA RATON, FL 33433

3. The corporation shall have the authority to issue 1,000,000 shares of stock.

4. The registered agent of the corporation is LINDA S. WHITAKER and the registered street address is 6040 SOUTH VERDE TR. #305, BOCA RATON, Florida 33433.

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: 6040 SOUTH VERDE TR. #305, BOCA RATON, FL. 33433 LINDA S WHITAKER

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is LINDA S. WHITAKER whose street address is 6040 SOUTH VERDE TR., #305, BOCA RATON, FL. 33433

Dated 7/23/96

Linda S. Whitaker
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 7/23/96

Linda S. Whitaker
Registered Agent

P96000062785

November 20, 1996

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

LEATHER CRAFTSMEN CORPORATION
DOCUMENT NUMBER: P96000062785

Please change the address of the above corporation to the following:

LEATHER CRAFTSMEN CORPORATION
9244F Boca Gardens Parkway
Boca Raton, Florida 33496

Thank you.

Linda S. Whittaker

Linda S. Whittaker
President

KS 12/2

P96000062299

Requestor's Name

500002013485--9
-11/26/96--01014--013
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (If known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
96 NOV 25 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SH 12/4

CR2E031(1/95)

Examiner's Initials	

Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF Florida
COUNTY OF DADE

I, Pedro A. Cuni after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Pedro A. Cuni hereby resign as President/Director of (Title)

Pedro A. Cuni MD., PA (Name of Corporation), a Florida corporation;

That the corporation has been notified in writing of the resignation.

x [signature] M.D.
Signature of resigning officer/director

Sworn to and subscribed before me this 1st day of Nov.

[signature]
NOTARY PUBLIC

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
ARNALDO ALFONSO, SR.
COMMISSION # CC 356223
EXPIRES MAY 1, 1998
BONDED THRU
ATLANTIC BONDING CO., INC.

FILED
96 NOV 25 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS $35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E044 (7-90)