

P 960000 95798

TRANSMITTAL LETTER

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

200002008902---3
-11/19/96--01187--015
****131.25 ****131.25

SUBJECT: LEACE VENTURES INC.
(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

Additional Copy Required

FILED
56 NOV 19 10:22
TALLAHASSEE, FLORIDA

FROM:

ELLEN LEACE

Name (printed or typed)

11263 ATLANTIC BLVD #307

Address

CORAL SPRINGS, FL 33071

City, State & Zip

954-752-6403

Daytime Telephone number

NOV 25 1996

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LEACE VENTURES INC.

FILED
95 NOV 19 PM 10:22
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

LEACE VENTURES INC.
C/O ELLEN LEACE
11263 ATLANTIC BLVD #307
CORAL SPRINGS, FL. 33071

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND TWO HUNDRED
(1,200) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ELLEN LEACE
11263 ATLANTIC B
CORAL SPRINGS, 33071

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ELLEN LEACE
11263 ATLANTIC BLVD #11307
CORAL SPRINGS, FL 33071

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th day of NOVEMBER, 19 96.

(An additional article must be added if an effective date is requested.)

Ellen Leace
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: *LEACE VENTURES INC*

2. The name and address of the registered agent and office is:

*ELLEN LEACE
11262 ATLANTIC BLVD #307
CORAL SPRINGS, FL 33071*

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 I am familiar with and accept the obligations of my position as registered agent.

Ellen Leace
(SIGNATURE)

NOVEMBER 18, 1996
(DATE)

P96000095798



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 20, 1997

LEACE VENTURES INC.
11263 ATLANTIC BLVD #307
CORAL SPRINGS, FL 33071

SUBJECT: LEACE VENTURES INC.
Ref. Number: P96000095798

Debit Memo #: 14197-B

This is to inform you that check #205 in the amount of \$550.00 submitted with the annual report for LEACE VENTURES INC. has been returned by your bank because of REFER TO MAKER.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$577.50 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after October 20, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 487-6057.

Pat Bailey
Accountant I

Letter Number: 697A00042117

PP62000095798

September 8, 1997

800002288508--3
-09/09/97--01066--004
****550.00 ****550.00

REPLACEMENT FEE 1997

800002288508--3
-09/09/97--01066--005
*****27.50 *****27.50

ANNUAL REPORT: LEACE VENTURES
INC.

DEBIT MEMO: # 14197-B

CHECK #: 205