

P97000001228

TRANSMITTAL LETTER

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

SUBJECT: Leslie, Inc.
(Proposed corporate name - must include suffix)

200002042:302--3
-12/31/96--01096--010
*****78.75 *****78.75

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

FROM: Leslie S. Munroe
Name (printed or typed)

31 Limkin Court
Address

Crawfordville, Inc. 32327
City, State & Zip

904-926-6256
Daytime Telephone number

FILED
96 DEC 31 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL JAN - 7 1997

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

FILED

96 DEC 31 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ~~LS, INC~~
LESLIE, INC.

ARTICLE II PRINCIPAL OFFICE

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

31 LIMPKIN CT.
CRAWFORDVILLE, FL 32327

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LESLIE S. MUNROE
31 LIMPKIN CT.
CRAWFORDVILLE, FL 32327

ARTICLE V INCORPORATOR(S)

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

LESLIE S. MURRAE
31 LIMPIN CT.
CRAWFORDVILLE, FL 32327

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

18TH day of DECEMBER, 19 96.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

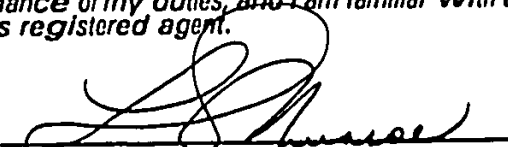
1. The name of the corporation is: ~~LS, INC.~~ LESLIE, INC.

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

LESLIE S. MUNROE
(Name)
31 LIMPKIN CT.
(P.O. Box not acceptable)
CRAWFORDVILLE, FL 32327
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Signature)

12-18-96
(Date)