

TRANSMITTAL LETTER

P98000099830

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

000002694400--9
-11/23/98--01138--008
*****87.50 *****87.50

SUBJECT: GENE LEAL, 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GENE LEAL, INC.
Name (Printed or typed)

4505 W Knollwood St.
Address

TAMPA, FL 33614
City, State & Zip

813 2490144
Daytime Telephone number

FILED
98 NOV 23 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

11/23/98
MJC

ARTICLES OF INCORPORATION
In compliance with Chapter 607, F.S., Florida Profit

ARTICLE I NAME

The name of the corporation shall be:

GENE LEAL, INC.

ARTICLE II PRINCIPLE OFFICE

The principle place of business/mailling address is:

4505 W. Knollwood St.
TAMPA, FL 33614

ARTICLE III SHARES

The number of shares of stock is:

100

ARTICLE IV OFFICERS/DIRECTORS (OPTIONAL)

The name(s) and address(es):

Appointed

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is:

Gene Leal
4505 W. Knollwood St.
TAMPA, FL 33614

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Gene Leal
4505 W Knollwood St.
TAMPA, FL 33614

I hereby accept the appointment as Registered Agent & agree to act in this capacity.

Gene Leal President, Secretary
Signature/Registered Agent

11-18-98
Date

Gene Leal President, Secretary
Signature/Incorporator

11-18-98
Date

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TALLAHASSEE, FLORIDA