

TRANSMITTAL LETTER

P99000042113

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

700002863887--5  
-05/05/99-01073--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: G DeLeon 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

FROM: Garry DeLeon  
Name (Printed or typed)

4300 Sheridan St #108  
Address

Hollywood, Fl. 33021  
City, State & Zip

Daytime Telephone number

FILED  
99 MAY -5 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. SMITH MAY 10 1999

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

G.DeLeon Inc.

### ARTICLE II PRINCIPAL OFFICE

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

4300 Sheridan St. #108  
Hollywood Fl. 33021

### ARTICLE III SHARES

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

100 @ \$1.00ea

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

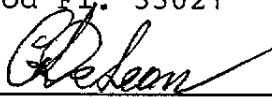
The name and Florida street address of the initial registered agent are:

Garry De Leon  
4300 Sheridan St #108  
Hollywood Fl. 33021

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Garry De Leon  
4300 Sheridan St #108  
Hollywood Fl. 33021



Signature/Incorporator

May 1st 9999

Date

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

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/Registered Agent

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA