DAJARSHAMETER 22204

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

500002923905--5 -07/06/99--01125--001 *****87.50 ******87.50

SUBJECT:	Leafs (Proposed corpor	ate name - must include su	ida Inc.
Enclosed is an original	al and one(1) copy of the articles	s of incorporation and a	check for :
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status Company PY REOURED
FROM:	LUIS Mame (Pr	. QUINTANA inted or typed)	6 PM 2: 04 SSEE, FLORI
	1354 RO	SE CIV	OF CASE OF CAS
	West Pac City, S	m Bench State & Zip	PL 33406
	<u>SO\- 968</u> Daytime Te	elephone number	AUTHORIZATION BY COMMENTS LATE 7-13 99
			DOC. EXAM

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

Open Allan

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: Leafs of 50. Florida, Inc., and the corporation shall be:
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: 1354 ROSE CIF West Paum Beach, F 33406
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 Florida street address of the initial registered agent are: Luis M. Quintaud 1354 Rose Cir. West Palm Beach. PL
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
West Form Bench, FL
7-1-99
Signature/Incorporator 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
18 m 47 - 1 - 99
Signature/Registered Agent Date