

F18000001011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

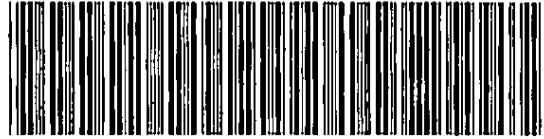
(Business Entity Name)

(Document Number)

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**LIEBERMAN, DVORIN & DOWD, LLC**  
ATTORNEYS AND ADVISORS AT LAW

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February 19, 2018

Florida Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**RE:   *Registration of Levin Real Estate Management Co. as Foreign Corporation.***

ENC.: Application by Foreign Corporation to Transact Business in Florida; Check #3477

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Please refer to items checked below:

- ☐ The enclosed is for your information and files.
- ☒ **The enclosed is for your further handling.**
- ☐ Please record the enclosed on our behalf.
- ☐ A self-addressed, stamped envelope is enclosed.
- ☐ Please telephone our office for an appointment.
- ☐ Please forward a time-stamped copy of the enclosed back to this office.

by Gary L. Lieberman, Esq.



3773 Howard Hughes Parkway  
Suite 500S  
Las Vegas, NV 89169

Phone 702.866.2500  
Toll-Free 800.2.INCORP (1-800-246-2677)  
Fax 702.866.2689

[www.incorp.com](http://www.incorp.com)

February 01, 2018

**Corporations Division**

Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67<sup>th</sup> Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **LEVIN REAL ESTATE MANAGEMENT CO.** for purposes and services only related to the Florida Department of State.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST.

Sincerely,

InCorp Services, Inc.

A handwritten signature in cursive script, appearing to read "Karen Gibson".

Karen Gibson, Processor on behalf of InCorp Services, Inc.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
LEVIN REAL ESTATE MANAGEMENT CO.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
GARY L. LIEBERMAN, ESQ.

_____	Name of Person
LIEBERMAN, DVORIN & DOWD, LLC	
_____	Firm/Company
30195 CHAGRIN BLVD., STE 300	
_____	Address
PEPPER PIKE, OHIO 44124	
_____	City/State and Zip code
GARY@LDDLEGAL.COM	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY LIEBERMAN	216	292-7776
_____	at ( _____ )	_____
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

LEVIN REAL ESTATE MANAGEMENT CO.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
PENNSYLVANIA 25-1818016

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
9/11/1998

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
UPON APPROVAL

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
30195 CHAGRIN BLVD., STE 300, PEPPER PIKE, OH 44124

7. \_\_\_\_\_  
(Principal office address)  
P.O. BOX 711, MT. PLEASANT, PA 15666  
\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
INCORP SERVICES, INC.

Name: \_\_\_\_\_  
17888 67TH COURT NORTH

Office Address: \_\_\_\_\_  
LOXAHATCHEE 33470  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

SEE ATTACHED  
\_\_\_\_\_  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

ROBERT C. LEVIN

President: \_\_\_\_\_

P.O. BOX 711

Address: \_\_\_\_\_

MT. PLEASANT, PA 15666

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

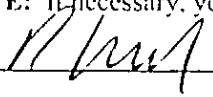
ROBERT C. LEVIN

Treasurer: \_\_\_\_\_

P.O. BOX 711, MT. PLEASANT, PA 15666

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Robert Levin, its President

(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

01/31/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LEVIN REAL ESTATE MANAGEMENT CO.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

18 FEB 27 AM 9:49  
TREASURY OFFICE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC180131120994-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>