

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : PARALEGAL SOLUTIONS FT LAUDERDALE
Account Number : 119990000257
Phone : (954) 565-9929
Fax Number : (954) 565-1347

FLORIDA PROFIT CORPORATION OR P.A.

Sol Levy, P.A.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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B. McKnight

MAR 06 2000

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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:
Sol Levy, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Professional Association shall be:
1817 South Ocean Drive, Suite 1025
Hallandale Beach, FL 33009

ARTICLE III SHARES

The number of shares that this Professional Association is authorized to have outstanding at any one time is:
1000 shares

ARTICLE IV NATURE OF BUSINESS

The specific nature of the business in which the Professional Association will engage is:
Real Estate Sales & Investments

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Sol Levy
1817 South Ocean Drive, Suite 1025
Hallandale Beach, FL 33009

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:
Sol Levy
1817 South Ocean Drive, Suite 1025
Hallandale Beach, FL 33009



Signature/Incorporator

Date

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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