

TRANSMITTAL LETTER

P02000006223

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

02 JAN 18 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

SUBJECT: Nex Level 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:

Samuel Roy Abram  
Name (Printed or typed)

40 Katherine St  
Address

Ft. Walton Bch FL 32536  
City, State & Zip

850-683-9613.  
Daytime Telephone number

800004723648--3  
-01/18/02--01018--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

RECEIVED  
02 JAN 18 AM 9:07  
DIVISION OF CORPORATION

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

*[Handwritten signature]*  
1/18  
m2

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Nex Level Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

40 Katherine St  
Ft. Walton Bch FL 32536

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

(1)

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Samuel Roy Abram (President)  
40 Katherine St  
Ft. Walton Bch FL 32536

## ARTICLE VI REGISTERED AGENT

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

Samuel Roy Abram (President)  
40 Katherine St  
Ft. Walton Bch FL 32536

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Samuel Roy Abram  
40 Katherine St  
Ft. Walton Bch, FL 32536

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 18 AM 9:18

APPROVED  
AND  
FILED

mailling address  
500 Kelly Mills Rd #161  
Valparaíso FL 32580