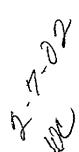
102000014136

Eye Level CORP

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

	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	2:36
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:	
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	ZSAMC Name	KARPEL (Printed or typed)		
-	301 174	4 Street # Address	801	r
_	Sunny Isle	es Beach, to	2 33/60	
_	305-6		8000048654 -02/04/02010 ******78.75 *	182 97005 ****78.75

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



ARTICLES	OF IN	ICORPOR	ATION
		ICOM OIL	A 1 11 11 11 11

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

ARTICLE I NAME

The name of the corporation shall be:

Eye Level CORP

PRINCIPAL OFFICE

The principal place of business/mailing address is:

301 174th St. #801, Sunny Isles Beach, FL

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

spurpose for which the corporation is organized in Selling of springs and selling of opposite products and services and may heral commodity.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ISAAC KARPEL 301 1748ST #801 Sunny Isles Beach, FL 33160 pres:

REGISTERED AGENT

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

ISAAC KARPEL

301 1745 ST #801

Sunny Isles Beach, R 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

I SAAC KARPEL 301 174 45 5+ #801

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

Signature/Incorporator

Date