TRANSMITTAL LETTER

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

LEVELSFINISH, CORPORATION SUBJECT: .

(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

RAMON REYES FROM: Name (Printed or typed) **5035 PALM AVE** Address HIALEAH,FL. 33012 City, State & Zip (305)822-0669

Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Coppration Act hereby 2: 49

ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE FLORIDA

LEVEL5FINISH, CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5035 PALM AVE. HIALEAH, FL. 33012

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JAIME SANCHEZ

19650 N.W. 84th PL MIAMI, Fl. 33015

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT/

SECRETARY

JAIME SANCHEZ

19650 N.W. 84th PL

MIAMI, FL. 33015

VICE-PRESIDENT/

ROSAURA SANCHEZ

19650 N.W. 84th PL.

MIAMI, FL. 33015

- Hat W.L.

Stenature/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.

Signature/Registered Agent

Date