184 L8100060A.

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300009114273

11/27/02--01077--006 **78.75

OZ MUY 27 AM 11:39

02 NOV 27 AM II: 20

TRANSMITTAL LETTER

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

SUBJECT: CHERYL LEVINE, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

FROM:	GELBER AND COMPANY			
	Name 11450 INTERCHANGE CIRCLE NORTH			
	City, State & Zip			<u></u>
	954-435-9919	-		
	Daytime Telephone number			

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:

CHERYL LEVINE, INC.

ARTICLE II - PRINCIPAL OFFICE

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

8821 SW 105TH STREET MIAMI, FL 33176

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHERYL LEVINE 8821 SW 105TH STREET MIAMI, FL 33176

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

CHERYL LEVINE 8821 SW 105TH STREET MIAMI, FL 33176 02 NOV 27 AH II: 39

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation shall be: NOVEMBER 30, 2002

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