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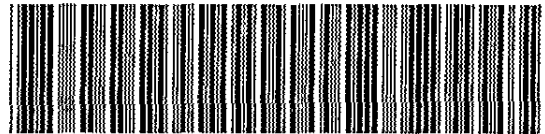
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(772) 781-4548 Fax

*Jon L. Martin.*  
**27 East Ocean Boulevard  
Stuart, Florida 34994**

Jon L. Martin, J.D./M.B.A.

(772) 834-5021 Cell

March 25, 2003

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

**Re:** Corporation for Stephanie Levin

Dear Division of Corporations:

Enclosed you will find an application for corporation complete with a check for \$78.75 as well as an original plus one copy and the articles of incorporation for the above-stated individual. Please mail the certified copy back to my office.

Thank you in advance for your cooperation in this matter. Should you have any questions or comments feel free to contact me.

Sincerely,



Jon L. Martin, Esq.  
JLM/JRT

Enclosures:  
Ltr. Dept Corp

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

### ARTICLE I      NAME

The name of the corporation shall be:

Stephanie Levin, Inc.

### ARTICLE II      PRINCIPAL OFFICE

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

3704 Crabapple Drive  
Port St. Lucie, FL 34952

### ARTICLE III      SHARES

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

10,000

### ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Stephanie L. Levin  
3704 Crabapple Drive  
Port St. Lucie, FL 34952

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**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Stephanie L. Levin  
3704 Crabapple Drive  
Port St. Lucie, FL 34952

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 26th day of March 2003

Stephanie L. Levin  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERD AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The Name of the corporation is:

Stephanie Levin, Inc.,

2. The Name and address of the registered agent and office is:

Stephanie L. Levin  
3704 Crabapple Drive  
Port St. Lucie, FL 34952

Daytime Phone #: 772- 871-1559

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*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.*

Stephanie L. Levin  
(Signature)

March 26, 2025  
(Date)