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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 8, 2003

HOFFMEIER ACCOUNING 5101 N W 21ST AVE. SUITE 200 FT. LAUDERDALE, FL 33309

SUBJECT: LEVEL NEX, INC Ref. Number: W03000009879

We have received your document for LEVEL NEX, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

ARTICLES VI AND VII ARE INCOMPLETE. WE NEED THE NAME OF THE INCORPORATOR AND REGISTERED AGENT. THE SIGNATURE IS ILLEGIBLE.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filings Section

Letter Number: 603A00020840

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SECRETATE OF STATE

TRANSMITTAL LETTER

Department of State
Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$87.50 □ \$70.00 **□** \$78.75 **□**\$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Name (Printed or typed) Hoffmeier Accounting 5101 NW 21st Ave. Suite 200 Ft. Lauderdale, FL 33309 City, State & Zip

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

SECRLANDSSEE, FLORIDA
Inc Nex, Inc 12091
. Fl. 38421 Design
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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:

Levell PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is:

The purpose for which the corporation is organized is:

ARTICLE IV SHARES The number of shares of stock is:

INITIAL OFFICERS/DIRECTORS (optional)

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

<u> </u>	The name and Florida street address of the registered agent is:
X , 1	The hame and Florida street address of the registered agent is:
	711 SW 11th Way, Apt 106
	Pembroke Pines, FL 33025-7010
× <u>/</u>	
7	The <u>name and address</u> of the Incorporator is:
	The name and address of the Incorporator is: THE NAME AND ADDRESS OF THE INCORPORATOR THE NAME AND ADDRESS OF TH
	Pembroke Pines, FL 33025-7010
*	*******************

Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in

Signature/Incorporator