

PO30000057718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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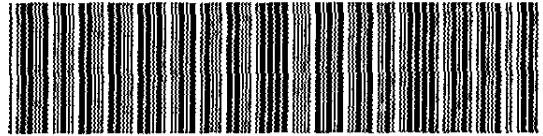
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

168
5/27

TRANSMITTAL LETTER

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

SUBJECT: CERTIFIED STATE GUIDES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

FROM: ALAN LEVINE
Name (Printed or typed)

8693 VIA GIUCA
Address

MOCA RATON FL 33496
City, State & Zip

561-487-1522 OR 561-702-9641
Daytime Telephone number

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

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:

CERTIFIED STATE GUIDES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8693 VIA GIULA BOCA RATON FL. 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLORIDA PROFIT CORP.

ARTICLE IV SHARES

The number of shares of stock is:

20

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ALAN LEVINE
8693 VIA GIULA
BOCA RATON FL. 33496 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ALAN LEVINE
8693 VIA GIULA
BOCA RATON FL. 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALAN LEVINE
8693 VIA GIULA
BOCA RATON FL. 33496

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

5/15/03

Date



Signature/Incorporator

5/15/03

Date

FILED
03 MAY 19 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA