

PO600003/431

(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



200063890412

01/18/06--01051--002 **27.50

06 MAR -1 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

111 111-354

TRANSMITTAL LETTER

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

SUBJECT: Math Levanduski 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: Math Levanduski
Name (Printed or typed)
3340
PMB 270 SE FED HWY
Address
Stuart FL 34997
City, State & Zip
(305) 725-6955
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

MATT LEVANDUSKI
PMB 270
3340 SE FED HWY
STUART, FL 34997

SUBJECT: MATT LEVANDUSKI INC.
Ref. Number: W06000003514

We have received your document for MATT LEVANDUSKI 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 registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

You must list at least one incorporator with a complete business street address.

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) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 806A00005157

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

06 MAR -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Matt Levandoski Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

870 SE PROCTOR LN.
PORT ST. LUCIE, FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLOORING INSTALLATION

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Matt Levandoski

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

870 SE PROCTOR LN. Matt Levandoski
PORT ST. LUCIE, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

870 SE PROCTOR LN. Matt Levandoski
PORT ST. LUCIE, FL 34983

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

Matt Levandoski
Signature/Registered Agent

MARCH 1, 2006
Date

Matt Levandoski
Signature/Incorporator

MARCH 1, 2006
In Date Int