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(Document Number)				
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SECRETARY OF STATE
AND ANASSEE, FLORIDA

c.f.2-5

COVER LETTER

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

SUBJECT: State Seal & Certificate of Levy County, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: S	andi Levesque	(Printed or typed)	
	23 E. Noble Avenue		
	A	Address	
	Williston, FL 32696		
	City,	State & Zip	
	352-221-0071		
	Daytime T	elephone 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)

FILED

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

State Seal & Certificate of Levy County, Inc.

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

23 East Noble Avenue Williston, FL 32696

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The resale of printing, copies, seals, rubber stamps and office supplies.

ARTICLE IV SHARES

The number of shares of stock is:

The Corporation shall have the authority to issue 20 shares of common stock at zero (0) par value. There shall be only one class of stock and there shall be no preferential treatment of any of the shares.

<u>ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u>

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

Sandi Levesque President & Vice President 23 East Noble Avenue Williston, FL 32696

ARTICLE VI REGISTERED AGENT

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

Sandi Levesque 23 East Noble Avenue Williston, FL 32696

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sandi Levesque 23 East Noble Avenue Williston, FL 32696

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 Date

Signature/Incorporator Date