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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

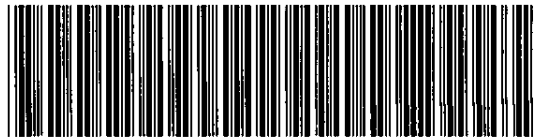
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -5 AM 10:49

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: LOW FLOAT TRADES.COM, 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: Scott Leventhal
Name (Printed or typed)

9713 NAPOLI WOODS LANE
Address

DELRAY BEACH, FL 33446
City, State & Zip

(561) 859-2002
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:

LOW FLOAT TRADES.COM, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9713 NAPOLI WOODS LANE
DeLray Beach, FL 33446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

consulting

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Scott Leventhal
9713 NAPOLI WOODS LANE
DeLray Beach, FL 33446

ARTICLE VI REGISTERED AGENT

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

Scott Leventhal
9713 NAPOLI WOODS LANE
DeLray Beach, FL 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Scott Leventhal
9713 NAPOLI WOODS LANE
DeLray Beach, FL 33446

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

Signature/Incorporator

5-1-08

Date

5-1-08

Date

APPROVED
AND
FILED
08 MAY -5 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA