# 708000653174

(Damarita la Nama)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Na	me)		
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Certified Copies	_ Certificate	s of Status		
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# **COVER LETTER**

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

	RN IF FOUND, INC. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	_
inclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	l 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 CO	PY REQUIRED St.	21
FROM: AN	IDREW J. LEVINE			99
	Name	(Printed or typed)	HASS.	2000 HAY 30
	902 CLINT MOORE RD SUITE 2			
	BOCA RATON FL 33487	Address		PH 1:3
		State & Zip		7
	504 044 4500			,
	561-241-4500 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)

# ARTICLE I NAME

The name of the corporation shall be:

RETURN IF FOUND, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

902 CLINT MOORE RD SUITE 216 BOCA RATON FL 33437

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REGISTRATION SERVICES, NAMELY, ASSIGNMENT OF IDENTIFICATION NUMBERS TO AFFIX TO VALUABLES TO ENHANCE RECOVERY OF LOST OR STOLEN PROPERTY. AND DISSEMINATING INFORMATION RELATING TO LOST OR STOLEN PROPERTY VIA THE INTERNET.

#### ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANDREW J LEVINE, 902 CLINT MOORE RD # 216 BOCA RATON FL 33487 PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

ANDREW J LEVINE, 902 CLINT MOORE RD # 216 BOCA RATON FL 33487

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANDREW J LEVINE, 902 CLINT MOORE RD # 216 BOCA RATON FL 33487

*****************	****************
Having been named as registered agent to accept service of process for certificate, I am fayfiliar with and accept the appointment as registered age	
Signature/Registered Agent	Date
$\Delta u \subset \Delta u$	05-27-2008
Signature/Incorporator	Date