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COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 20 PM 3: 43

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

,				
SUBJECT:	Levay In	SUVANCE A	Jency, In	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00	\$78.75 Filing Fee	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		I DESCRIPTION OF CO	Status	
		ADDITIONAL CO	PY REQUIRED	
EDOM.	Stephen 1	N. Levay Z	7)	
FROM:	Name	(Printed or typed)		
	3402 NF	19 AUF		
	3402 NE 19 AVE Address			
	Oakland F	ark, FL State & Zip	33306	
	954-614-5243			
Daytime Telephone number				

ARTICLES O	F INCORPORATION
In compliance wit	h Chapter 607 and/or Chapter 621, F.S
ARTICLE I	NAME
	orporation shall be:

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Levay Insurance Agency, Inc.

PRINCIPAL OFFICE

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

2275 S. Federal Highway Ste 140

. (Profit)

Delray Beach, FL 33483

The purpose for which the corporation is organized is:

to sell insurance and financial products

<u>ARTICLE IV</u> SHARES

The number of shares of stock is:

100 Shares NO PAR

INITIAL OFFICERS AND/OR DIRECTORS

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

Stephen W. Levay III, Pres + Secretary + CFO

REGISTERED AGENT

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

Stephen W. Levay III

3402 NE 19 AVE

Oakland Park, FL 33306

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephen W. Levay III

3402 NE 19 AVE Oakland Park, FL 33306

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

gifature/Registered Agent

hature/Incorpolator Ares, Secretary, cFo

6-18-08

6-18-08 Date

Stephen W. Levay III