

PO8 000061552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

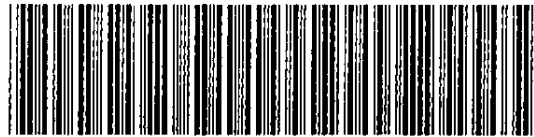
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/08--01018--019 **78.75

FILED
08 JUN 25 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Leanna Rachel Levin, P.A.

(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: David A. Kobrin

Name (Printed or typed)

8900 SW 107 Avenue, Suite 206

Address

Miami, Florida 33176

City, State & Zip

305-596-0124

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:

Leanna Rachel Levin, P.A.

ARTICLE II PRINCIPAL OFFICE

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

8900 SW 107 Avenue, Suite 206, Miami, Florida 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide professional consulting services

ARTICLE IV SHARES

The number of shares of stock is:

One (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Leanna R. Levin
8900 SW 107 Avenue, Suite 206
Miami, Florida 33176

ARTICLE VI REGISTERED AGENT

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

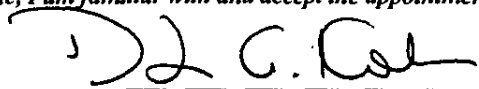
David A. Kobrin
8900 SW 107 Avenue, Suite 206
Miami, Florida 33176

ARTICLE VII INCORPORATOR

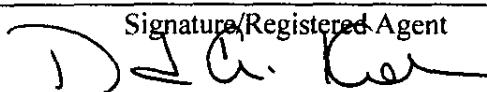
The name and address of the Incorporator is:

David A. Kobrin
8900 SW 107 Avenue, Suite 206
Miami, Florida 33176

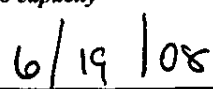
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator



Date

6/19/08

Date

FILED
08 JUN 25 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA