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COVER LETTER

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

SUBJECT: LEVEL ONE SERVICES, 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 □ \$78.75 ☑ \$87.50 **\$78.75** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy **Certified Copy** & Certificate of Status ADDITIONAL COPY REQUIRED FROM: SANDRA L. HAMEL Name (Printed or typed) 4676 LONGLAKE DRIVE Address SARASOTA, FL 3423 City, State & Zip 941-356-6945 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:

LEVEL ONE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4676 LONGLAKE DRIVE SARASOTA FLORIDA 34233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES AND MARKETING

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): SANDRA L HAMEL DIRECTOR 4676 LONGLAKE DRIVE SARASOTA FL 34233

ALFRED L HAMEL TREASURER 4676 LONGLAKE DRIVE SARASOTA, FL 34233

<u>ARTICLE VI</u> REGISTERED AGENT

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

4676 LONGLAKE DRIVE SARASOTA FLORIDA 34233

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: SANDRA L. HAMEL

4676 LONGLAKE DRIVE SARASOTA, FLORIDA 34233

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 12/29/08

Date