

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000050547 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (300)494-3124

Fax Number : (561)455-9885

# FLORIDA PROFIT/NON PROFIT CORPORATION

LEVINE COMPUTER CONSULTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

H090000505473

## **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:

LEVINE COMPUTER CONSULTING, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1404 MEADOWS CIRCLE W BOYNTON BEACH, FLORIDA 33436



#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

## ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

## ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT

TOBIAH LEVINE

1404 MEADOWS CIRCLE W

BOYNTON BEACH, FLORIDA 33436

H09000050547 3

PAGE 2 LEVINE COMPUTER CONSULTING, INC.

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TOBIAH LEVINE
1404 MEADOWS CIRCLE W
BOYNTON BEACH, FLORIDA 33436

# ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

TOBIAH LEVINE 1404 MEADOWS CIRCLE W BOYNTON BEACH, FLORIDA 33436

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.

TOBÍAH LEVINE / Registered Agent

TOBIAH LEVINE /Incorporator

Date