

PO90000 46027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

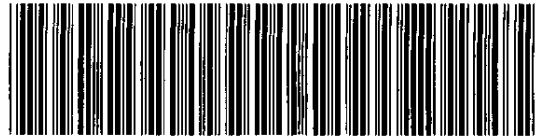
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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04/29/09--01026--023 **122.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 26 AM 9:47

T. HAMPTON

MAY 27 2009

EXAMINER

209-20343

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEVINE INSURANCE BROKERS, INC.
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

DANIEL J. LEVINE
(Contact Person)

LEVINE INSURANCE BROKERS, INC.
(Firm/Company)

12110 Colony Preserve Drive
(Address)

Boynton Beach, FL 33436
(City, State and Zip Code)

For further information concerning this matter, please call:

Daniel J Levine at (917) 797-9063
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$113.75 Filing Fees and Certified Copy | <input checked="" type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status |
|---|---|---|---|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAY 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 8, 2009

DANIEL J LEVINE
12110 COLONY PRESERVE DR
BOYNTON BEACH, FL 33436

SUBJECT: LEVINE INSURANCE BROKERS, INC.
Ref. Number: W09000020343

We have received your document for LEVINE INSURANCE BROKERS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

This New Jersey Limited Liability Company has already filed a conversion to a Florida Limited Liability Company as of August 8, 2009. **YOU CAN NOT FILE THIS CONVERSION.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00015745



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAY -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 30, 2009

DANIEL J LEVINE
12110 COLONY PRESERVE DR
BOYNTON BEACH, FL 33436

SUBJECT: LEVINE INSURANCE BROKERS, INC.
Ref. Number: W09000020343

We have received your document for LEVINE INSURANCE BROKERS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This New Jersey Limited Liability Company has already filed a conversion to a Florida Limited Liability Company as of August 8, 2007.,

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00014580

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 26 AM 9:47

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

LEVINE INSURANCE BROKERS, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY

(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on 9/2005

9/7/05

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**


LEVINE INSURANCE BROKERS, INC.

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)


Signed this 20 day of APRIL, 20 09.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: DANIEL J. LEVINE Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 
Printed Name: DANIEL J. LEVINE Title: MEMBER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

| | |
|---|-------------------|
| Certificate of Conversion: | \$35.00 |
| Fees for Florida Articles of Incorporation: | \$70.00 |
| Certified Copy: | \$8.75 (Optional) |
| Certificate of Status: | \$8.75 (Optional) |

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 INSURANCE BROKERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12110 COLONY PRESERVE DRIVE
BOYNTON BEACH, FL 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE SALES

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DANIEL J. LEVINE
12110 COLONY PRESERVE DRIVE
BOYNTON BEACH, FL 33436

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

DANIEL J. LEVINE
12110 COLONY PRESERVE DRIVE
BOYNTON BEACH, FL 33436

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 26 AM 9:47

ARTICLE VII INCORPORATOR

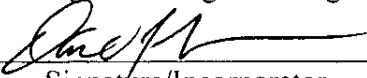
The **name and address** of the Incorporator is:

DANIEL J. LEVINE
12110 COLONY PRESERVE DRIVE
BOYNTON BEACH, FL 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



Signature/Registered Agent



Signature/Incorporator

APRIL 20, 2009

Date

APRIL 20, 2009

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 26 AM 9:47