

P110000004029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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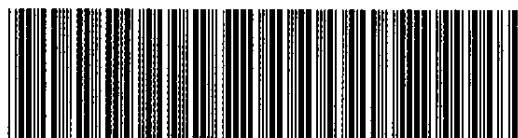
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JAN 12 PM 4:41

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TALLAHASSEE, FLORIDA

T. Burch JAN 13 2011

COVER LETTER

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

SUBJECT: Levelhead Builders 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
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: Matt Loughran

Name (Printed or typed)

719 5th Avenue North

Address

Jacksonville Beach, FL 32250

City, State & Zip

904-859-4154

Daytime Telephone number

mattlvld@hotmail.com

E-mail address: (to be used for future annual report notification)

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 Levelhead Builders Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
719 5th Ave. N.
Jacksonville Beach, Fl 32250

Mailing address, if different is:
P.O. Box 51326
Jacksonville Bch, Fl 32240-1326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Matt Loughran - President</u>	Name and Title: _____
Address: <u>719 5th Ave. N.</u>	Address: _____
<u>Jacksonville Bch, Fl 32250</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Matt Loughran
Address: 719 5th Ave. N.
Jacksonville Bch, Fl 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matt Loughran
Address: 719 5th Ave. N.
Jacksonville Bch, Fl 32250

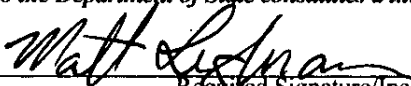
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1-10-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

1-10-2011
Date

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA