

P14000081424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

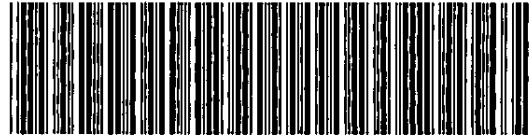
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14 OCT -2 AM 9 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/6/14

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## COVER LETTER

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

SUBJECT: **Philip Z. Levinson, 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: **Philip Z. Levinson**

Name (Printed or typed)

**1300 North Federal Highway, Ste 107**

Address

**Boca Raton, Florida 33432**

City, State & Zip

**(561)338-8423**

Daytime Telephone number

**Phil@Plevinsonlaw.com**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT -2 AM 9:56

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**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
14 OCT -2 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 23, 2014

PHILIP Z. LEVINSON  
1300 NORTH FEDERAL HIGHWAY  
SUITE 107  
BOCA RATON, FL 33432

SUBJECT: PHILIP Z. LEVINSON, P.A.  
Ref. Number: W14000055656

We have received your document for PHILIP Z. LEVINSON, P.A. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct number 5 on the Certificate of Domestication page. Also, remove the decimal point from the shares of stock.

Please list the street address of each officer/director.

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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00020328

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2014

PHILIP Z. LEVINSON  
1300 NORTH FEDERAL HIGHWAY  
SUITE 107  
BOCA RATON, FL 33432

SUBJECT: PHILIP Z. LEVINSON, P.A.  
Ref. Number: W14000055656

We have received your document for PHILIP Z. LEVINSON, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00019517

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF DOMESTICATION

The undersigned, Philip Z. Levinson, President,  
(Name) (Title)

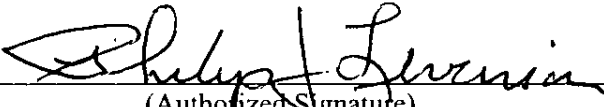
of Philip Z. Levinson, P.C. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 19, 1982.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Illinois.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Philip Z. Levinson, P.C.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Philip Z. Levinson, P.A.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was ILLINOIS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Philip Z. Levinson, P.A.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 15th day of September, 2014.

  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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14 OCT -2 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

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14 OCT -2 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Philip Z. Levinson, P.A.

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:*

Principal Address

Mailing Address

1300 North Federal Hwy.

1300 North Federal Hwy.

Suite 107

Suite 107

Boca Raton, FL 33432

Boca Raton, FL 33432

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

The practice of law

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1,000

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President/Philip Z. Levinson

Title/Name

Title/Name

Secretary/Philip Z. Levinson

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

*THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Arthur H. Levinson

1300 N. Federal Hwy. Ste. 107

Boca Raton, FL 33432

**ARTICLE VII INCORPORATOR**

*THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:*

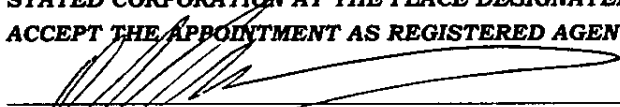
Philip Z. Levinson

1300 N. Federal Hwy. Ste 107

Boca Raton, FL 33432

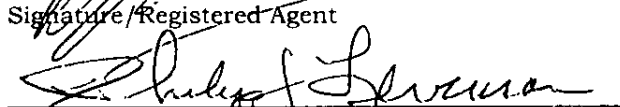
\*\*\*\*\*

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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

September 15, 2014

Date

  
Signature/Incorporator

September 15, 2014

Date

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14 OCT - 2 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA