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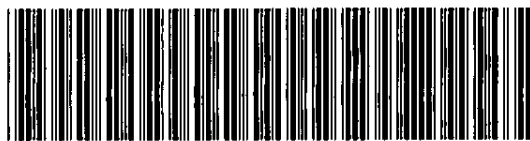
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 01 2016

T. SCOTT



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR - 1 PM 1:19

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AND  
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04/01/16--01003--021 \*\*79.00

RECEIVED  
DEPARTMENT OF STATE  
16 APR - 1 PM 12:59

## COVER LETTER

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

**SUBJECT:** Levi and Combs 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  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** LEVI AND COMBS INC

Name (Printed or typed)

3415 S Sepulveda Blvd # 1100

Address

Los Angeles, CA 90034

City, State & Zip

202-452-8453

Daytime Telephone number

email@leviandcombs.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**

The name of the corporation shall be: LEVI AND COMBS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3415 S Sepulveda Blvd # 1100, Los Angeles, CA 90034

Mailing address, if different is:  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Business management and consulting to international businesses and real estate trust services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	Robert Gabriel	Name and Title:	Director of Development
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Address	3415 S Sepulveda Blvd # 100	Address:	
	Los Angeles, CA 90034		

Name and Title:	Tamika Gabriel	Name and Title:	Director of Compliance
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Address	3415 S Sepulveda Blvd #100	Address:	
	Los Angeles, CA 90034		

Name and Title:	Shai Sharoni	Name and Title:	Director of Operations
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Address	3415 S Sepulveda Blvd #100	Address:	
	Los Angeles, CA 90034		

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: Jacob Combs

Address: 1800 Pem Brook Rd #300  
Orlando, FL 32810

**ARTICLE VII INCORPORATOR**

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

Name: Tamika Gabrie

Address: 3415 S Sepulveda Blvd #100  
Los Angeles, CA 90034

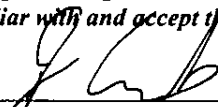
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

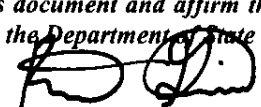
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

April 1, 2015

\_\_\_\_\_  
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

April 1, 2015

\_\_\_\_\_  
Date