

P19000022424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

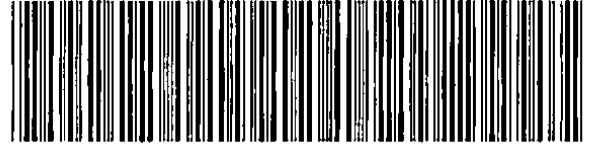
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 APR 15 AM 10:53

SCHROEDER



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/15/2019

Name: Merritt Walker

Reference #: 1058215

Entity Name: LEVEL UP VENTURES INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

Authorized Amount: \$70

Signature: *MW*

• CORPORATE HQ
COGENCY GLOBAL INC
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

COVER LETTER

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

SUBJECT: Level Up Ventures 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: Maria Kenigsberg c/o Chuhak & Tecson, P.C.
Name (Printed or typed)
30 S. Wacker Dr., Suite 2600
Address
Chicago, IL 60606
City, State & Zip
312-855-5442
Daytime Telephone number
mkenigsberg@chuhak.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 Level Up Ventures Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

12390 Sunnydale Dr. same

Wellington, FL 33414

ARTICLE III PURPOSE Any and all lawful business.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Tracy Weskamp, President	Name and Title:	Tracy Weskamp, Secretary
Address	12390 Sunnydale Dr. Wellington, FL 33414	Address:	12390 Sunnydale Dr. Wellington, FL 33414

Name and Title:	Tracy Weskamp, Treasurer	Name and Title:	Tracy Weskamp, Director
Address	12390 Sunnydale Dr. Wellington, FL 33414	Address:	12390 Sunnydale Dr. Wellington, FL 33414

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: Tracy Weskamp
 Address: 12390 Sunnydale Dr.
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

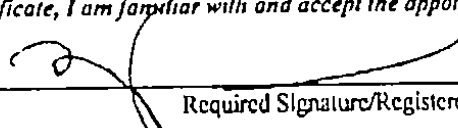
Name: Donald J. Russ, Jr.
 Address: 30 S. Wacker Dr., Suite 2600
Chicago, IL 60606

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 days prior or 90 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

03/14/2019
 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

03/14/2019
 Date

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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