

P20000001593

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

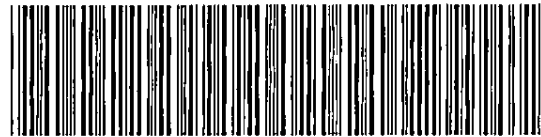
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600338932506

600338932506  
01/09/20--01004--004 \*\*70.00

20 JAN -9 AM 9:27

FILED

2020 JAN -9 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FL

J. FASON

JAN 09 2020

## COVER LETTER

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

SUBJECT: **LEVOL HOME CORP**

(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: **OLGA HERNANDEZ**

Name (Printed or typed)

**9010 SW 137 AVE SUITE 205**

Address

**MIAMI, FL 33186**

City, State & Zip

**786-422-4309**

Daytime Telephone number

**olga@itaxprofessional.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:

**LEVOL HOME CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14307 SW 96TH STREET APT 208

MIAMI, FL 33186

14307 SW 96TH STREET APT 208

MIAMI, FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: MORENO, CESAR A, PRESIDENT

Address: 14307 SW 96TH STREET # 208

MIAMI, FL 33186

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**FILED**  
2020 JAN -9 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: MORENO, CESAR A

Address: 14307 SW 96TH STREET # 208

MIAMI, FL 33186

**ARTICLE VII INCORPORATOR**

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

Name: MORENO, CESAR A

Address: 14307 SW 96TH STREET # 208

MIAMI, FL 33186

**ARTICLE VIII EFFECTIVE DATE:** 01/07/2020

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*

Cesar A Moreno

01/08/2020

Required Signature/Registered Agent

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.*

Cesar A Moreno

01/08/2020

Required Signature/Incorporator

Date