

6.2.020 P20000039807
 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
 LIQUID LEVITATIONS CORPORATION

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LIQUID LEVITATIONS CORPORATIONARTICLE II PRINCIPAL OFFICE

Principal street address

3310 SW 26TH AVECAPE CORAL, FL 33914

Mailing address, if different in:

3310 SW 26TH AVECAPE CORAL, FL 33914ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: FORREST GROVE KISER, PT

Address

3310 SW 26TH AVECAPE CORAL, FL 33914Name and Title: JESSICA OPAL KISER, S

Address:

3310 SW 26TH AVECAPE CORAL, FL 33914

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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FILED

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EUGENE LAVIN
Address: 6351 NE 7TH AVE
BOCA RATON, FL 33487

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: EUGENE LAVIN
Address: 6351 NE 7TH AVE
BOCA RATON, FL 33487

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.

[Signature]
Required Signature/Registered Agent

5/29/2020
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.

[Signature]
Required Signature/Incorporator

5/29/2020
Date