11/5/21, 3:20 PM

P21000095055

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000411667 3)))

H21000411667 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

2021 NOV -5 PM 1:07

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@interstatefilings.com

FLORIDA PROFIT/NON PROFIT CORPORATION

LEVIN DESIGNS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

RECEIVED
2021 NOV -5 PM 3:20

Electronic Filing Menu Corporate Filing Menu Help

(((H21000411667 3)))

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: LEVIN DESIGNS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1904 SOUTH OCEAN DRIVE, STE 1903	1904 SOUTH OCEAN DRIVE, STE 1903
HALLANDALE BEACH, FL 33009	HALLANDALE BEACH, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADAM LEVIN, CEO

Address: 1904 SOUTH OCEAN DRIVE, STE 1903
HALLANDALE BEACH, FL 33009

Name and Title

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title

Address:

2021 NOV -5 PM 1:07

(((H21000411667 3)))

(((H21000411567 3)))

(cont'd)

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: ADAM LEVIN

Address: 1904 SOUTH OCEAN DRIVE, STE 1903

HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADAM LEVIN

Address: 1904 SOUTH OCEAN DRIVE, STE 1903

HALLANDALE BEACH, FL 33009

2021 NOV -5 PM 1:0

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

_____ 10/21/2021

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.

_____ 10/21/2021

Required Signature/Incorporator Date