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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 3-28-22

****WALK IN****

ENTITY NAME Robert J. Levine, P.A.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108

United Corporate

Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Robert J. Levine, P.A.
(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: Robert J. Levine, Esq.
Name (Printed or typed)
6550 N. Federal Highway, Suite 240
Address
Fort Lauderdale, FL 33308
City, State & Zip
914-830-8619
Daytime Telephone number
Rlevine@CBLAttorneys.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

Robert J. Levine, P.A.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6550 N. Federal Highway, Suite 240

Fort Lauderdale, FL 33308

ARTICLE III PURPOSE

the practice the profession of law.

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

One Hundred (100)

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert J Levine, President Name and Title: _____

Address 6550 N. Federal Highway, Suite 240 Address: _____

Fort Lauderdale, FL 33308

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Robert J. Levine, Esq.

Address: 6550 N. Federal Highway, Suite 240

Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

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

Name: Robert J. Levine, Esq.

Address: 6550 N. Federal Highway, Suite 240

Fort Lauderdale, FL 33308

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SECRET
FL

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

March 28, 2022

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

March 28, 2022

Date