

# P22000061205

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP  
Account Number : I20200000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

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

Email Address: diona@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LEVEL 1 FLOORING INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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2022 AUG -3 PM 4:49

FLORIDA  
DIVISION OF  
CORPORATIONS

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Corporate Filing Menu

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## COVER LETTER

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

SUBJECT: LEVEL 1 FLOORING 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      ☒ \$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: BRYANTH ALEXANDER ORELLANA  
Name (Printed or typed)

6491 OCEAN DR  
Address

MARGATE, FL 33063  
City, State & Zip

954-479-7607  
Daytime Telephone number

vmerlosc77@gmail.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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**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: LEVEL 1 FLOORING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6491 OCEAN DR  
MARGATE, FL 33063

Mailing address, if different is:

6491 OCEAN DR  
MARGATE, FL 33063

**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: BRYANTH A. ORELLANA

Name and Title: PRESIDENT

Address 6491 OCEAN DR

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

MARGATE, FL 33063

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: LAMADRID FINANCIAL SERVICES CORP  
Address: 1265 S PINE ISLAND RD  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: BRYANTH ALEXANDER ORELLANA  
Address: 6491 OCEAN DR  
MARGATE, FL 33063

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/03/2022 (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*

ALEXIS LAMADRID 08/03/2022  
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.*

BRYANTH ALEXANDER ORELLANA 08/03/2022  
Required Signature/Incorporator Date

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