Feb. 6 '95 2:57 4000 CONTINENTAL CO'D 305-238-6422

P95000010270

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H95000001455)))

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: CONTINENTAL STAMP & SEAL
8744 SW 133 STREET
MIAMI, FL 33176-5929000
CONTACT: JENNIFER BENSCH
PHONE: (305) 232-2226
FAX: (305) 238-6422

(((H95000001455))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR PA

| | | | |
|---|---|---|---|
| NAME: | LEVINE & ASSOCIATES, INC. | | |
| FAX AUDIT NUMBER: | H95000001455 | CURRENT STATUS: | REQUESTED |
| DATE REQUESTED: | 02/06/1995 | TIME REQUESTED: | 8:55 A.M. |
| CERTIFIED COPIES: | 0 | CERTIFICATE OF STATUS: | 1 |
| NUMBER OF PAGES: | 4 | METHOD OF DELIVERY: | FAX |
| ESTIMATED CHARGE: | $78.75 | ACCOUNT NUMBER: | 070253003503 |

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NA
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 6, 1995

CONTINENTAL STAMP & SEAL

MIAMI, FL

SUBJECT: LEVINE & ASSOCIATES, INC.
REF: W95000002619

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904).488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000001455
Letter Number: 295A00004890

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 7, 1995

CONTINENTAL STAMP & SEAL

MIAMI, FL

SUBJECT: LEVINE CONSULTING INC.
REF: W95000002619

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The corporate name must be identical throughout the document.

SHOULD THE CORPORATION HAVE A COMMA IN THE NAME, IF SO, PLEASE CORRECT THE R.A. CERTIFICATE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000001455
Letter Number: 895A00005166

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

95 FEB -7 PM 1:12

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H95000001455

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95 FEB -7 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION
# OF

LEVINE CONSULTING, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be: LEVINE CONSULTING, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10345 S.W. 128 TERRACE
MIAMI, FLA. 33176

## ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

H95000001455

JERILEE GOODMAN LEVINE
10345 S.W. 128 TERRACE
MIAMI, FLA 33176

JENNIFER BENSCH
CONTINENTAL STAMP & SEAL
8744 S.W. 133 STREET
MIAMI, FL 33176-5929
(305) 232-2226

H95000001455

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JERILEE GOODMAN LEVINE
10345 S.W. 128 TERRACE
MIAMI, FLORIDA 33176

The undersigned has(have) executed these Articles of Incorporation this

3 day of FEBRUARY, 19 95.

Jerilee Goodman Levine, President
Signature/Title

Signature/Title

Signature/Title

H95000001455

# CERTIFICATE OF DESIGNATION
## REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: LEVINE CONSULTING, INC.

2. The name and address of the registered agent and office is:

JERILEE GOODMAN LEVINE
(NAME)

10345 S.W. 62 TERRACE
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33176
(CITY/STATE/ZIP)

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95 FEB -7 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE Jerilee Goodman Le
(corporate officer)

TITLE President

DATE February 3, 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

H95000001455

SIGNATURE Jerilee Goodman Le

DATE February 3, 1995

REGISTERED AGENT FILING FEE: $35.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

96 NOV 14 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010270

1 Corporation Name
LEVINE CONSULTING, INC.

Principal Place of Business
10345 S.W. 128TH TERRACE
MIAMI FL 33176

Mailing Address
10345 S.W. 128TH TERRACE
MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3 New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4 Date Incorporated or Qualified To Do Business In Florida: 02/07/1995

5 FEI Number: 65-0561178 | Applied For | Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| PRESIDENT | JERILEE G. LEVINE | 10345 S.W. 128 TERR MIAMI, FL 33176 | MIAMI, FL 33176 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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****375.00 ****375.00

REINSTATEMENT 1996
A. Adam
11-14-

8. Name and Address of Current Registered Agent

LEVINE, JERILEE G
10345 S.W. 128TH TERRACE
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Jerilee G. Levine — REGISTERED AGENT MUST SIGN

Date: 10/31/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that wh this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The informatio on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jerilee G. Levine — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/31/96

(305) 235- Daytime Phone