

P95000046804

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
ATTENTION: BETH REGISTER

SUBJECT: LEVCORP ENTERPRISES, INC.

I enclose an original and 1 copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$122.50.

SIGNED: Mark V. Levinson

From:

MARK V. LEVINSON

Name

16201 PARKSIDE DRIVE

Address

TAMPA, FLORIDA 33624

City State Zip

(813) 962-8257

Telephone Number

600001517316
-06/20/95--01046--019
****122.50 ****122.50

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95 JUN 15 AM 7:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. REGISTER JUN 16 1995

**ARTICLES OF INCORPORATION
OF
LEVCORP ENTERPRISES, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: LEVCORP ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

PRINCIPAL BUSINESS:
6131 ANDERSON ROAD
#K
TAMPA, FLORIDA 33634

MAILING ADDRESS:
16201 PARKSIDE DRIVE
TAMPA, FLORIDA 33624

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7,500.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:


MARK V. LEVINSON
6131 ANDERSON ROAD
#K
TAMPA, FLORIDA 33634

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

MARK V. LEVINSON
6131 ANDERSON ROAD
#K
TAMPA, FLORIDA 33634

The undersigned has executed these Articles of Incorporation this 13TH day of JUNE 1995.


MARK V. LEVINSON, Incorporator

**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 in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:
LEV CORP ENTERPRISES, INC.
2. The name and address of the registered agent and office is:
MARK V. LEVINSON
6131 ANDERSON ROAD
#K
TAMPA, FLORIDA 33634

Signature: Mark V. Levinson
Title: INCORPORATOR
Date: JUNE 13, 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.

Signature: Mark V. Levinson
Date: June 13, 1995

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TALLAHASSEE, FLORIDA

P95000046804

(Requester's Name)

MARK V. LEVINSON
16201 PARKSIDE DRIVE
TAMPA, FLORIDA 33624
813-962-8257

OFFICE USE ONLY

900001527479
-06/29/95--01085--002
*****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

RA Change
7/7/95
DA

Examiner's Initials _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: LEVYCORP ENTERPRISES, INC.

1b. The mailing address of the corporation is: P.O. Box 340189
TAMPA, FL. 33694-0189

1c. Date of incorporation: JUNE 15, 1995 Document number: P95000046804

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

MARK V. LEVINSON
6131 ANDERSON ROAD #K
TAMPA, FL. 33634

3. The name and address of the new registered agent and office: (P.O. Box Not Allowed)

MARK V. LEVINSON
16201 PARKSIDE DRIVE
TAMPA, FL. 33624

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Mark V. Levinson
(Signature of an officer, chairman or
vice chairman of the board)

6-26-95
(Date)

MARK V. LEVINSON - President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Mark V. Levinson
(Signature of Registered Agent)

6-26-95
(Date)

If signing on behalf of an entity:

MARK V. LEVINSON
(Typed or Printed Name)

President
(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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