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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

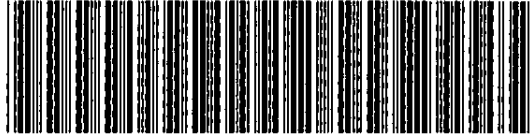
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Live Laugh Love Give, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Martin C. Boire
Name of Person

Firm/Company

PO Box 30

Address

Daytona Beach, FL 32115
City/State and Zip Code

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

For further information concerning this matter, please call:

Janet Boire at (386) 677-6864
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Live Laugh Love Give, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ID 3. 45-3602098
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-14-2011 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. none prior
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 595 West Granada Blvd., Suite J, Ormond Beach FL 32174
(Principal office address)

P.O. Box 30, Daytona Beach FL 32115
(Current mailing address)

8. 501c3 charitable services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

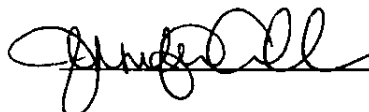
Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Lexahatchee, Florida 33470
(City) (Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

 Jennifer Cudde for Incorp Services, Inc.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

See attached list

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

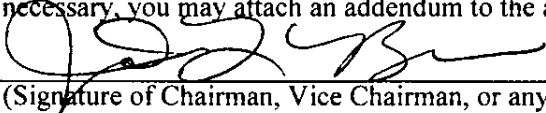
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. **Janet L. Boire as President** _____
(Typed or printed name and capacity of person signing application)

Officer & Directors List

Chairman/Director/President:	Janet L. Boire	1710 Goosecross Court Port Orange, FL 32118
Director/VP/Secretary:	Spenser Boire	1710 Goosecross Court Port Orange, FL 32118
Director/VP/Treasurer:	Martin L. Boire	595 West Granada Blvd, Suite J Ormond Beach, FL 32714

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

LIVE LAUGH LOVE GIVE, INC.

File Number C-192553

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named non-profit corporation was incorporated under the laws of Idaho on 10/14/2011.

I FURTHER CERTIFY That the non-profit corporation is in goodstanding on the records of this office.

Dated: 3/26/2015 12:24 PM



A handwritten signature in black ink, appearing to read "Lawrence Denney".

SECRETARY OF STATE

Authentic Access Idaho Document (<http://www.accessidaho.org/public/portal/authenticate.html>)
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