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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

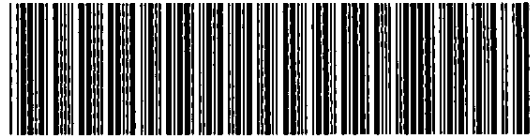
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W12-56780

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AUTHORIZATION BY PHONE TO *add agreement +*
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DATE *12/18/12*
CC. EXAM _____

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10/29/12--01046--003 **130.00

EFFECTIVE DATE
1/1/13

2012 DEC 18 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: LIVING LEGENDS INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: **TIVON HART**
Name (Printed or typed)

8152 Northwest 15th Manor
Address

Plantation, FL 33322
City, State & Zip

(386) 681-8473
Daytime Telephone number

www.tivonhart@yahoo.com/
E-mail address: (to be used for future annual report notification)

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

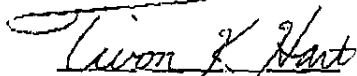
Tivon Hart
P.O. Box 813012
Hollywood, FL 33081

Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Mrs. Karen Saly,
My name is Tivon Hart. I spoke with you earlier in regards to the factitious name *Living Legends Inc.* (non-profit organization). This letter is to inform the Division of Corporations that I have no intentions of reinstating *Living Legends Inc.*

Should you wish to contact me, I can be reached at the information listed above.

Sincerely,



Tivon Hart

C.E.O., *Living Legends, Inc.*

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Living Legends Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8152 NORTHWEST 15th MANOR
PLANTATION, FL
33322

Mailing address, if different is:
P.O. BOX 813012
HOLLYWOOD, FL
33081

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**TO EDUCATE & ENCOURAGE PEOPLE FROM DIFFERENT WALKS OF LIFE
ON A COLLECTION OF LIFE SKILLS. See attached.**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIVON K. HART, Chief Executive Officer
Address: 8152 NORTHWEST 15th MANOR
PLANTATION, FL
33322

Name and Title: _____
Address: _____

Name and Title: Luther S. Ryals, Chief Financial Officer
Address: 115 LOCKWOOD DRIVE
WARNER ROBINS, GA
31088

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TIVON HART
Address: 8152 NORTHWEST 15th MANOR
PLANTATION, FL
33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIVON HART
Address: 8152 NORTHWEST 15th MANOR
PLANTATION, FL
33322

EFFECTIVE DATE
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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE: January 1, 2013

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

Tivon K Hart
Required Signature of Registered Agent

NOVEMBER 5th 2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Tivon K Hart
Required Signature of Incorporator

NOVEMBER 5th 2012
Date

ARTICLE III PURPOSE (CONTINUED)

As a non-profit organization, we believe by giving back to the community, *Living Legends Inc.* is paying it forward for others to achieve personal goals in their lives. By doing this, we pledge to:

- Operate a successful after school music program for students who would like to play a musical instruments and/or taught vocal lessons
- Become actively involved with various service projects that will reflect a positive outcome with the community

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA