

N13000002728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

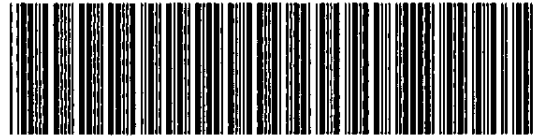
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Susan Risko QAVE
AUTHORIZATION BY PHONE TO
CORRECT remove DBA name
DATE 3/21/13
DOC. EXAM MRD

Office Use Only



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02/21/13--01007--029 **87.50

FILED
13 MAR 21 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
3/21/13

442 10936

COVER LETTER

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

SUBJECT: Live With Nature, Inc. (Phila Nemvelo, 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: Susan L. Risko
Name (Printed or typed)

980 Manati Ave
Address

St Augustine, FL 32086
City, State & Zip

+27 81 864 6228
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2013

SUSAN L RISKO
980 MANATI AVE
ST AUGUSTINE, FL 32086

SUBJECT: LIVE WITH NATURE, INC.
Ref. Number: W13000010936

We have received your document for LIVE WITH NATURE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of 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 (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 113A00004385

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

FILED
13 MAR 21 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Live With Nature, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
980 Manati Avenue
St. Augustine, FL 32086
USA

Mailing address, if different is:
4 Botanic Views
2 Morcom Road
Pietermaritzburg, KZN 3208 8800004
South Africa

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized to assist with international development efforts that encourage sustainability. The organization will not engage in political and legislative activity and all of its assets will be dedicated to its exempt purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: under 501(c)(3).

Directors are elected and appointed through a purely democratic process.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Susan L Risko
Address: 980 Manati Avenue
St. Augustine, FL 32086
USA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan Risko
Address: 980 Manati Avenue
St. Augustine, FL 32086
USA

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

Susan L Risko
Required Signature of Registered Agent

Feb 12, 2013
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.

Susan L Risko
Required Signature of Incorporator

Feb 12, 2013
Date