## N60000013

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SCIONE TARY OF STATE
ALL MASSEE, FLORIDA

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## **COVER LETTER**

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

SUBJECT: Univer Soul Life Environmental Visionaries 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

r\$7/8.75

Filing Fee & Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: CORY Ryan Williams
Name (Printed or typed)

3567 Clear Cearl De
Address

Tall ahassee F1 32304
City, State & Zip

305-215-7477

E-mail address: (to be used for futthe annual report notification)

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



January 14, 2016

CORY RYAN WILLIAMS 3567 CLEAR CREEK DRIVE TALLAHASSEE, FL 32301

SUBJECT: UNIVERSOUL LIFE ENVIRONMENTAL VISIONARIES INC.

Ref. Number: W16000002522

We have received your document for UNIVERSOUL LIFE ENVIRONMENTAL VISIONARIES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 316A00000940

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be: UniteSoul L	ife Environmental Visionaries Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address:  3567 Clear Crock De	Mailing address, if different is:
Talla hassee, Fl 32301	
L'huieonment al Visonares Lnc. is	The purpose of UniverSoul little 3 170 to teach under privilaged selection
	by through methods of active recycling
	nomical development, and to peofess
techniques of agriculture scie within the community.	nce to influence healthy living
ARTICLE IV MANNER OF ELECTION The manner  Appointed by the CED. cory e  ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	
Name and Title: Copy & Williams CED/P	Name and Title: Chary I Montgomory Vice president
Address 3567 Clear Creek De	Name and Title: Chary 1 Montgomory Vice presidents  Address: 3567 Clear Creek Dr.
Tallahassee FL	Tallahassee FL
Name and Title: Lezlye S. Williams	Name and Title:
466 East Evention Cie Fl. Landeedale FL 33312	Address:
Name and Title:	
Address	Address:

Name and Title:	Name and Title:	-
Address	Address:	<u></u>
		_
		<del>-</del>
Name and Title:	Name and Title:	<del>-</del>
Address	Address:	-
	-	_
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	feet and	
ARTICLE VI REGISTERED AGENT	A.S.	F 3
The name and Florida street address (P.O. Box NOT accept	·	66
Name: Chaey Montgomery	L	N
Address: 3567 Clear Crek De	ا المراجعة	3 [7]
Tallahassee FI 323		2: 30
variance it so		<b>:</b>
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: CORY Lyan Williams		
Name: Coey Lyan Williams  Address: 3567 Clear Ceek D	<u>e</u>	
Tallahassee FL 3:	2301	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing:	(OPTIONAL) d cannot be more than five business days prior or 90 l	ousiness days
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's record		e listed as the
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment as	of process for the above stated corporation at the place s registered agent and agree to act in this capacity	designated in this
X West S	12/29/18	5
Required Signature of Registered	Agent Date	
I submit this document and affirm that the facts stated herei to the Department of States ons)itutes a third degree felony a	in are true. I am aware that any false information submit as provided for in s 817 155 F.S.	tted in a document
The state of the s		,
Required Signature of Incorp	$\frac{12/30}{\text{Dorator}}$	115