N2000001856

(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:
Special instructions to Filling Onicer.

Office Use Only



500340775735

02/18/20--01003--003 ++83.75

SECTION OF STATE

N CITTIONS FEB 1 7 2020 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Corporation Name & Document Number,	(OFFICE USE ONLY) (if known):
1. LivingArt Properties, In	c
(Corporation Name)	Document #
2.	
(Corporation Name)	Document #
X Walk in	Pick up time
Mail out	Will wait
Photocopy	Certified Copy
	_X Certificate of Status
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domesitication Other	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Limited Partnership
Fictitious Name	Reinstatement
Apostil	Trademark Other

EXAMINER'S INITIALS:_____



February 20, 2020

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: LIVINGART PROPERTIES, INC.

Ref. Number: W20000016830

We have received your document for LIVINGART PROPERTIES, INC. and your check(s) totaling \$83.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form submitted was for a Non Profit filling, however it appears by the purpose contained in the Articles this is a Profit Corporation. Please verify the filling type. I am enclosing a Profit Corporation form for your convenience.

Please return 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.

Letter Number: 220A00003587

Neysa Culligan Regulatory Specialist II

COVER LETTER

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

SUBJECT: LivingArt Proporties, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX					
closed is an original a	nd one (1) copy of the Ar	ticles of Incorporation and	a check for :		
570.00	■ \$ 78.75	□ \$7 8.75	□ \$87.50		
Filing Fcc	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee,		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Alishs Ezell for David M. Ba	numen PLLC			
	Name (Printed or typed)		_		
	6550 North Federal Highway, Ste 220				
	Address		-		
	Fort Lauderdale, FL 33308				
		City, State & Zip	-		

954-424-3306 EXT 116

ALISHA@BAUMANLEGAL.COM

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

E-mail address: (to be used for future annual report potification)

Daytime Telephone number

FILED

2020 FEB 19 PH 4: 36

SECREMENT OF STATE TALLERS AUGUSTE, FL

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

RTICLE II	PRINCIPAL OFFICE		
650	Principal <u>street</u> address: 0 N Federal Highway Ste #220		Mailing address, if different is
For	Lauderdale, FL 33308		
TICLE II	I PURPOSE for which the corporation is orvanized is:	·Own	and Manage scal
<u>-</u>	·		
_			
			•
TICLE II			octors are elected and appointed:
	Electe	d by n	
TICLE V	Elc.(+e.	d by n	laprity
ΠCLE V	Elc.(+e.	a by n	laprity
ΠCLE V	Electe INITIAL OFFICERS AND AND DIRE tle: Vladik Gladilen	CTORS Name and Title	laprity
TICLE V me and Ti	INITIAL OFFICERS AND OR DIRECTOR OF THE STATE OF THE STAT	CTORS Name and Titl Address:	President President
TICLE V me and Ti	INITIAL OFFICERS AND OR DIRECTOR OF THE STATE OF THE STAT	CTORS Name and Title Name and Title	President President
TICLE V me and Ti	Ele: Checker of the Company Steward of the Co	CTORS Name and Titl Address:	President President
ATICLE II ATICLE V Anne and Ti ddress	INITIAL OFFICERS AND OR DIRE tle: Viadik Gladilen 6500 N Federal Highway Ste #220 Fort Lauderdale, FL 33308 Color of Lauderdale of the following Ste #220 Fort Lauderdale, FL 33308	CTORS Name and Title Name and Title	President President

2020
FEB
9
P. G
£.
ပ္သ

Name and Title	e:	Name and Title:		
Address		Address:		
Name and Title	t: <u>,</u> _	Name and Title:		
Address		Address:		
				
			₹0	
			50	
ARTICLE YI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acce	eptable) of the resistered agent is:	E-F	
Name:	DAVID M. BAUMAN, PLLC			
Address:	6550 NORTH FEDERAL HIGHWAY	r #220		١
	FORT LAUDERDALE, FL 33308	_	70.01	=
	INCORPORATOR address of the Incorporator is:		, FL	00
Name:	Vladik Gladilen		, ,	
Address:	6500 N Federal Highway Ste #220	· ·		
	FORT LAUDERDALE, FL 33308			
Effective date,	I EFFECTIVE DATE: 02/17/2020 if other than the date of filing:	(OPTIONAL)		
		nd cannot be more than five days prior or 90 days after the		
querment, ett.	te inserted in this block does not meet the a ective date on the Department of State's rec	pplicable statutory filing requirements, this date will not be list cords.	ed as the	
Having been n certificate, I am	ained as registered agent to accept service familiar with and accept the appointment o	of process for the above stated corporation at the place designs registered agent and agree to act in this capacity	mated in this	
d m	us HIAZ	2/17(30.2	2~	
	Required Signature of Registered	-		
I submit this do the Department	cument and affirm that the facts stated here of State constitutes a third degree felony as	in are true. I am aware that emy false information submitted in a provided for in 2.817.155, F.S.	i document to	
1/2		12 /2 M	38	
$\overline{}$	Required Signature of Incom	rporator Date		