

1120000002219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

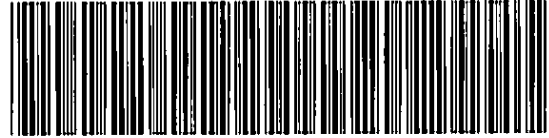
Special Instructions to Filing Officer:

Office Use Only

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FEB 26 2020

T. SCOTT



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02/05/20--01014--002 **70.00

2020 FEB 26 AM 8:56

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2020

STEVEN FINN FOSTER
426 N LAKE AVE
APOPKA, FL 32712

SUBJECT: LIVE ELEVATED
Ref. Number: W20000020824

We have received your document for LIVE ELEVATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide complete business street addresses for the directors, officers and incorporators.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 120A00004256

COVER LETTER

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

SUBJECT: LIVE ELEVATED 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: Steven Finn Foster
Name (Printed or typed)

426 N LAKE AVE
Address

APOPKA, FL 32712
City, State & Zip

407-800-2432
Daytime Telephone number

FINNFOSTER@OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: LIVE ELEVATED INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1424 VIVALDI PL

LONGWOOD, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable purposes in accordance with Section 501(c)(3) of the Internal Revenue Service Code. More specifically, Live Elevated is dedicated to advance religion, education, people systems and create an impact for young adults locally, nationally, and globally. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding Section of any future tax code, or shall be distributed to the federal government, State for public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Foster (President)

Name and Title: Brianna Norton (secretary)

Address: 426 N Lake Ave

Address: 589 Lisa Karen Cir

Apopka, FL 32712

Apopka, FL 32712

Name and Title: Adler Themistocle (VP)

Name and Title: Bonita Stamper (Treasurer)

Address: 621 Gallaway Ter

Address: 1424 Vivaldi PL

DeHoma, FL 32725

Longwood, FL 32779

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2020 FEB 26 AM 8:57

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: Steven Finn Foster
Address: 426 N Lake Ave
Apopka, FL 32712

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Steven Finn Foster
Address: 426 N Lake Ave.
Apopka, FL 32712

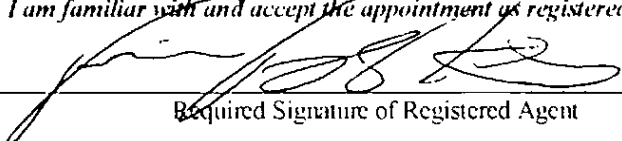
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/14/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

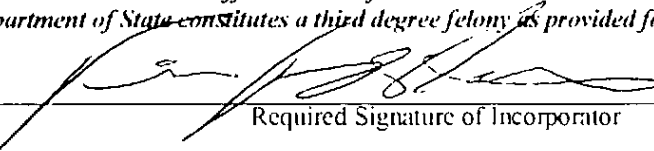


Required Signature of Registered Agent

2/1/2020

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.



Required Signature of Incorporator

2/1/2020

Date