

N 200000610 214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

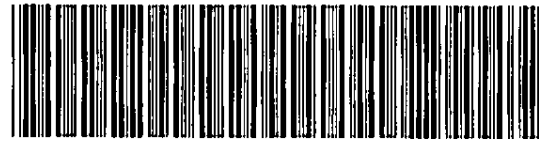
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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00/17/20--01004 002 **27.00

07/09/20--01013--010 **43.75

COVER LETTER

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

SUBJECT: LOVING Your Spouse. Gons Way, 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: Karen Thomas
Name (Printed or typed)

2740 NW 151 TERRACE
Address

Miami Gardens Florida 33054
City, State & Zip

954-225-6028
Daytime Telephone number

Denisej30@gmail.com
E-mail address: (to be used for future annual report notification)

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

AUGUST 10, 2020

KAREN THOMAS

LOVING YOUR SPOUSE GODS WAY, INC

2790 NW 151 TERRACE

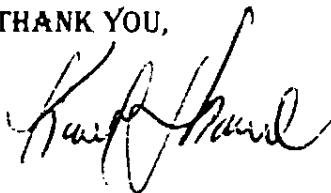
MIAMI GARDENS, FL 33054

SUBJECT: LOVING YOUR SPOUSE GODS WAY, INC CHANGED FROM PROFIT TO NON-PROFIT CORPORATION

TO WHOM IT MAY CONCERN,

I AM THE OWNER OF THIS CORPORATION AND HAVE NO INTENTIONS OF OPENING UP LOVING YOUR SPOUSE GODS WAY UNDER THE PROFIT FILING, THEREFORE I WOULD LIKE TO USE THIS SAME NAME, LOVING YOUR SPOUSE GODS WAY, INC FOR THE NON-PROFIT FILING.

THANK YOU,

A handwritten signature in black ink, appearing to read "Karen Thomas". The signature is written in a cursive style with a large initial "K".

KAREN THOMAS

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

ARTICLE I NAME

The name of the corporation shall be: Loving Your Spouse Goals Way, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2790 NW 151 Terrace

Miami Gardens, FL 33054

Mailing address, if different is:

P.O. BOX 680307

Miami, FL 33168-9998

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Loving Your Spouse Goals Way is a
NON-PROFIT ORGANIZATION that's teach and encourage married
couples in the community. Also to inspire, UNITY for couples
to fight for there marriage with knowledgeable supplies etc.

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

ELECTED AT ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Thomas - Director Name and Title: _____

Address 2790 NW 151 Terrace Address: _____

Miami Gardens, FL 33054 _____

Name and Title: Jennifer Deane - Assistant Name and Title: _____

Address 703 NW 10 CT Address: _____

Hallandale Beach, FL 33009 _____

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: Karen Thomas
Address: 2790 NW 151 TERR
MIAMI GARDENS, FL 33054

ARTICLE VII INCORPORATOR

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

Name: Karen Thomas
Address: 2790 NW 151 TERR
MIAMI GARDENS, FL 33054

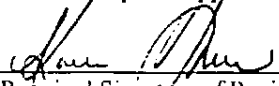
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUGUST 20, 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

8/9/20
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

8/9/20
Date