

N2100000 6654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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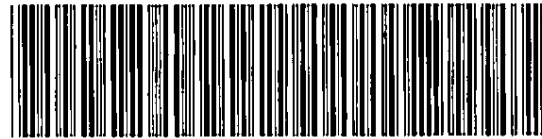
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Love Bear Cave's 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: Jared Rackley
Name (Printed or typed)

775 Rustling Pines Blvd
Address

Midway FL 32343
City, State & Zip

464-219-6631
Daytime Telephone number

ToCB2016@gmail.com
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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:

Love Bear Care's INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

12006 Dickey Lane

Tallahassee FL 32312

Mailing address, if different is:

12006 Dickey Lane

Tallahassee FL 32312

TALLAHASSEE
FL
32312

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Build a community of young business leaders and joining brands that positively impact and inspire beauty in customers worldwide and starting with our youth teaching them how to owner at a young age

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Voted

in

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jared Rackley CEO

Address:

175 Rustling Pines Blvd
Midway FL 32343

Name and Title:

Benjamin Crump

Director

Address:

Name and Title:

Amanta Herring Sec/Dir

Address:

Name and Title:

Dianne Williams Cox

Address:

Name and Title:

Alvin Dickey Director

Address:

12006 Dickey Lane
Tallahassee FL 32312

Name and Title:

are Transportation

Natalie Parrish

Address:

175 Rustling Pines Blvd
Midway FL 32343

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: Jared Rackley
Address: 773 Rustling Pine Blvd
Midway FL 32343

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jared Rackley
Address: 773 Rustling Pines
Midway FL 32343

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

6/4/21
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

6/4/21
Date