

N230 0000 6818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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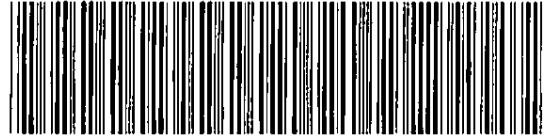
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 APR 12 AM 10:35
FBI ASSISTANT ATTORNEY GENERAL

COVER LETTER

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

SUBJECT: Living In Full Expectancy, 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: Ebony C. West
Name (Printed or typed)

150 Busch Drive Unit 26618
Address

Jacksonville, FL 32218
City, State & Zip

904-703-8477
Daytime Telephone number

LivingInFullExpectancy@gmail.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: Living In Full Expectancy, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
150 Busch Drive Unit 26618

Jacksonville, FL 32218

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose and mission of the Living In Full Expectancy organization
is to educate, and provide mentorship, spiritual counseling, problem reslution sessions, and resources for the productive managemnt
management and sustainability of one's life.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ebony C. West -Chief Executive Officer

Address: 150 Busch Drive Unit 26618
Jacksonville, FL 32218

Name and Title: _____

Address: _____

Name and Title: Julius West -Vice President

Address: 150 Busch Drive Unit 26618
Jacksonville, FL 32218

Name and Title: _____

Address: _____

Name and Title: Renee Sheffield - Secretary

Address: 11701 Palm Lake Drive Unit 1124
Jacksonville, FL 32218

Name and Title: _____

Address: _____

2023 APR 12 AM 10:36

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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: Ebony C. West

Address: 825 Poydras Lane West

Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

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

Name: Ebony C. West

Address: 150 Busch Drive Unit 26618

Jacksonville, FL 32218

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

Ebony West

Required Signature of Registered Agent

4/6/2023

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.

Ebony West

Required Signature of Incorporator

4/6/2023

Date

FILED
2023 APR 12 AM 10:30
JACKSONVILLE, FL
CLERK OF THE COURT