## P0200004275

TRANSMITTAL LETTER

02 APR 12 PM 3:49

SECRETARY OF STATE TALLAHASSEE FLORIDA

Department of State **Division of Corporations** Post Office Box 6327 Tallahassee, Florida 32314

SUBJECT:

Loved One Status, Inc.

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and two (2) copies of the Articles of Incorporation and a check for:

Filing Fee, Certified Copy & Certificate of Status

\$87.50

FROM:

**David Sheriff** 

Post Office Box 5741

5090 FISHTAIL PALM AVC

Titusville, Florida 32783 (Ocoa, FLA 32927

Daytime Telephone Number: 321-861-0502 6709

## FILED

## ARTICLES OF INCORPORATION 02 APR 12 PH 3: 49

SECRETARY OF STATE FALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of

Article I NAME

Incorporation.

The name of the corporation shall be Loved One Status, Inc.

Article II PRINCIPAL OFFICE

The principal place of business for this corporation is:

5090 Fishtail Palm Avenue Cocoa, Florida 32927

The mailing address is:

Post Office Box 5741 Titusville, Florida, 32783. 5090 FISHTAIL PALM AVC COCOQ, FLA

32927

Article III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100,000.

Article IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

David Sheriff 5090 Fishtail Palm Avenue Cocoa, Florida 32927

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## Article V INCORPORATOR

02 APR 12 PM 3: 49

The name and address of the incorporator to the Articles of Brookpotation are ATE TALLAHASSEE FLORIDA

David Sheriff 5090 Fishtail Palm Avenue Cocoa, Florida 32927

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date