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04 MAY 17 PM 2:12
TALLAHASSEE, FLORIDA

05-19-04
T.B.

TRANSMITTAL LETTER

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

SUBJECT: Livide Associates, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Ricardo A. Estevez

Name (Printed or typed)

1301 SW 104 AVE

Address

Pembroke Pines, FL 33025

City, State & Zip

954-243-1715

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Livide Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1301 SW 104 AVE
Pembroke Pines, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Customer service, marketing and sales, for profit.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ricardo A. Estevez, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Ricardo A. Estevez
1301 SW 104 AVE
Pembroke Pines, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ricardo A. Estevez
1301 SW 104 AVE
Pembroke Pines, FL 33025

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

Signature/Registered Agent

RICARDO ESTEVEZ

5/15/2004

Date

Signature/Incorporator

RICARDO ESTEVEZ

5/15/2004

Date

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