

POS0000084671

(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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06/13/05--01008--013 **35.00

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06/13/05--01008--016 **8.75

06/13/05--01008--017 **1.00

06/13/05--01008--018 **1.00

FILED
05 JUN 13 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LUV YA 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: JAMES C. WALKER
Name (Printed or typed)

1819 WILSON ST APT 18
Address

HOLLYWOOD, FL 33020
City, State & Zip

954-394-8360
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:

LUV YA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1819 WILSON ST HOLLYWOOD, FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALE OF MERCHANDISE

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES C. WALKER (OWNER)

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

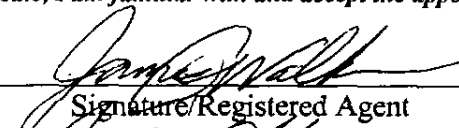
JAMES C. WALKER
1819 WILSON ST ^{APT 18} HOLLYWOOD, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES C. WALKER
1819 WILSON ST APT 18 HOLLYWOOD, FL 33020

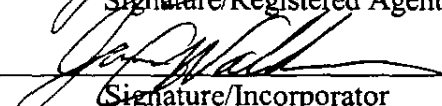
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-8-05

Date



Signature/Incorporator

6-8-05

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA