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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-14-10 [Signature]

COVER LETTER

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

SUBJECT: Live Media Design, 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: Krista L. Stott

Name (Printed or typed)

1515 University Dr, Suite 204 B
Address

Coral Springs, FL 33071
City, State & Zip

954-593-8904

Daytime Telephone number

Krista921S@aol.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Live Media Design, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1515 University Drive, Suite 204 B
Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Corporation may engage or transact in any and all lawful activities or business permitted under the laws, including, but not limited to media design + production

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Krista L. Stott, PST
Krista L. Stott, Director

ARTICLE VI REGISTERED AGENT

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

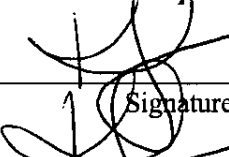
Krista L. Stott
1515 University Dr, Suite 204 B
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Krista L. Stott
1515 University Dr, Suite 204 B
Coral Springs, FL 33071

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

x 

Signature/Registered Agent

x 

Signature/Incorporator

x 1/8/10

Date

x 1/8/10

Date

FILED
10 JAN 12 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA