

PI10000042074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

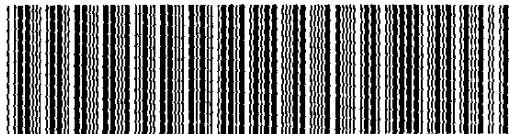
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700204793367

04/29/11--01022--013 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -2 PM 2:30

FILED

SC
5-2-11

COVER LETTER

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

SUBJECT: Living for Excellence Canada Corporation
(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: K. Ray Pinkstaff
Name (Printed or typed)

PO Box 31408
Address

Knoxville, TN 37930
City, State & Zip

865-690-7010
Daytime Telephone number

ray@pinkstafflaw.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: Living for Excellence Canada Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
12184 Riverbend Rd
Port St. Lucie, Florida 34984

Mailing address, if different is:
4072 Market Place Drive
Flint, MI 48507

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To invest in Canadian Corporations, Limited Partnerships and other Canadian investment opportunities.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Orrin Woodward
Address: 12184 Riverbend Rd
Port St. Lucie, Florida 34984

Name and Title: _____
Address: _____

Name and Title: Rob Hallstrand
Address: 12184 Riverbend Rd
Port St. Lucie, Florida 34984

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Orrin Woodward
Address: 12184 Riverbend Rd
Port St. Lucie, Florida 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Orrin Woodward
Address: 12184 Riverbend Rd
Port St. Lucie, Florida 34984

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

Orrin Woodward

Required Signature/Registered Agent

4-21-2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Orrin Woodward

Required Signature/Incorporator

4-21-2011

Date