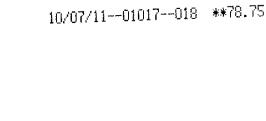
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COVER LETTER

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

	Loyed Enterprises, Inc.		
(PROPOSED CO	DRPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of	f the articles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of State	& Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM:	James R. Loyed Name (Printed or typed)		
	447 Alma Rd. Address		
Address			
DeFuniak Springs, FL 32433 City, State & Zip			
D	850-859-2003 aytime Telephone number		
buyith E-mail address: (1	ere1967@gmail.com 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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

<u>ARTICLE I</u> <u>NAME</u> Loyed Enterprises, Inc. The name of the corporation shall be:	11 OCT -7 PM 2: 47
ARTICLE II PRINCIPAL OFFICE Principal street address 447 Alma Rd. DeFuniak Springs, FL 32433	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The purpose of the corporation is to conduct any landscape in the purpose of the corporation is to conduct any landscape in the purpose of the corporation is to conduct any landscape in the purpose of the corporation is to conduct any landscape in the purpose of the corporation is organized is:	awful purpose or purposes.
ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	as
	Name and Title: Virginia A, Loyed, Vice President/Secretary
Address: 447 Alma Rd. DeFuniak Springs, FL 32433	Address: 447 Alma Rd
Name and Title: Address:	
Name and Title: Address:	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	
Name: Corporation Service Company Address: 1201 Hays Street Tallahassee, FL 32301	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: James R Loyed	_
Address: 447 Alma Rd. DeFuniak Springs, FL 32433	_ _
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as registered. Assistant VP	distered agent and agree to act in this capacity $\frac{QQ(Q)}{Q}$
Journal Signature/Registered Agent Journal of State constitutes a third degree felon	Date true. I am aware that the false information submitted in a v as provided for in s.817.155. E.S.
Required Signature/Incorporator	10/3/11