

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

369642

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
THE LIVING LUNCH COMPANY**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
11 OCT 27 PM 2:51
DIVISION OF CORPORATIONS

11 OCT 27 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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Electronic Filing Menu

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H11000256986

COVER LETTER

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

SUBJECT: The Living Lunch Company
(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: Amy Fields
Name (Printed or typed)

400 San Nicolas Way
Address

ST. AUGUSTINE, FL 32080
City, State & Zip

904-501-8824
Daytime Telephone number

Amy.Fields358@gmail.com
E-mail address: (to be used for future annual report notification)

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

H11000256986



October 27, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UMPIRE CORPORATE KIT COMPANY

SUBJECT: THE LIVING LUNCH COMPANY
REF: W11000055095

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the officers and directors names and addresses in Article V.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: E11000256986
Letter Number: 211A00024574

P.O BOX 6327 - Tallahassee, Florida 32314

H11000256986

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: THE LIVING LUNCH COMPANY**ARTICLE II PRINCIPAL OFFICE**Principal street address400 SAN NICOLAS WAY
ST. AUGUSTINE, FL 32080

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PREPARE, PROVIDE, AND SELL HEALTHY LUNCHES**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Amy Fields President
Address: 400 San Nicolas Way
St. Augustine, FL 32080Name and Title: Amy Fields Director
Address: 400 San Nicolas Way
St. Augustine, FL 32080Name and Title: Amy Fields Secretary
Address: 400 San Nicolas Way
St. Augustine, FL 32080Name and Title: _____
Address: _____Name and Title: Amy Fields Treasurer
Address: 400 San Nicolas Way
St. Augustine, FL 32080Name and Title: _____
Address: _____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Robert Fields
Address: 413 St. Johns Ave
Palatka, FL 32917**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Amy Fields
Address: 400 San Nicolas Way
St. Augustine, Florida 32080

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

Robert M. Fields

Required Signature/Registered Agent

10-25-2011

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.

Amy Fields

Required Signature/Incorporator

10/25/11

Date

H11000256986

APPROVED
AND
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11 OCT 27 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA