

P12000005251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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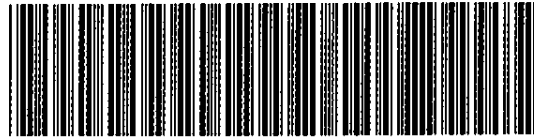
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN 17 PM 12:16

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 JAN 17 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/17/12

COVER LETTER

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

SUBJECT: Levi The Lion Circle Of Entertainment
(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: Casey B. Clary Jr
Name (Printed or typed)

839 Sunridge Rd
Address

Tallahassee, FL 32305
City, State & Zip

850-273-1101
Daytime Telephone number

aeriellav189@gmail.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: Levi The Lion Circle Of Entertainment Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

889 Sunridge Rd
32305 Tallahassee FL

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Entertainment

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Casey B. Clary Jr / CEO
Address: 889 Sunridge Rd
Tallahassee FL 32305

Name and Title: _____
Address: _____

Name and Title: DON W TOLLIVER VP
Address: 53 BRIDLE PATH DR
GRAVENHURTTOWN, FL 32307

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: CASEY B. CLARY JR
Address: 889 Sunridge Rd
Tallahassee FL, 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CASEY B. CLARY JR
Address: 889 Sunridge Rd
Tallahassee FL, 32305

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

CASEY B. CLARY JR
Required Signature/Registered Agent

1/17/12
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.

CASEY B. CLARY JR
Required Signature/Incorporator

1/17/12
Date

FILED
12 JAN 17 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA