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Florida Department of State
Division of Corporations
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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
LUV UR LIFE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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12 SEP - 6 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000220741

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:
LUV UR LIFE, INC -

ARTICLE II PRINCIPAL OFFICE

Principal street address
1843 N. E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LEGAL BUSINESS .

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RACHAEL SOTO
Address: 1843 N. E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179

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: RACHAEL SOTO
Address: 1843 N. E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

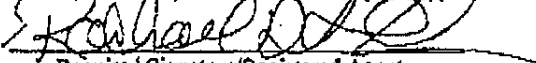
Name: RACHAEL SOTO
Address: 1843 N. E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179

SECRETARY OF STATE
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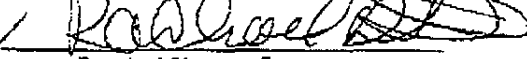
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Required Signature/Registered Agent

09/04/12
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, P.S.


Required Signature/Incorporator

09/04/12
Date

H12000220741