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| (Requestor's Name) | | | | |
|---|--|------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



10/11/12--01007--019 **87.50

FILED 12 OCT 11 MIO 35 SECRETARY OF STATE MULANASSEE, FLORIDA

· COVER LETTER

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

LOVES ENTERPRISES INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| Filing Fee | Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED | |
|---|---------------------------------------|---|--|--|
| FROM: | | (Printed or typed) ANDA WAY | | |
| · | | ddress | <u> </u> | |
| SAINT PETERS BURG, FL 33705 City, State & Zip 727-458-6362 Daytime Telephone number | | | | |
| | | | | |
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

| ARTICLE I The name of the c | NAME orporation shall be: LOVE'S ENTE | RPRISES | INC | FRED |
|---------------------------------------|---|---------------------------------|--|--|
| ARTICLE II | PRINCIPAL OFFICE | | / | 12 OCT 1 1 AN 10:35 |
| ANTICIET | Principal street address | | Agiling address if | different is: |
| | 4685 18 ST N. | 1 | naming address, m | different is: SECKETARY OF STATE |
| | SAINT PETERS BURG, FL 3371 | Y | | TALLAMASSEE FLUMBIA |
| | | · · · · · · · · · · · · · · · · | | |
| ARTICLE III | PURPOSE | | | · 🕊 🖌 🖌 💡 |
| | which the corporation is organized is: | | | |
| | ANY LAWFUL BUSIN | 655 | | |
| ARTICLE IV The number of sha | SHARES ares of stock is: 100 | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTOR | RS | T | I LANG VA |
| Name and T | THE LEVI J LOVE - PRES. 4685 28 " ST. N SAINT POTES AURC, FL 33 | _ Name and Title: | JUDAH L | , COVE VP |
| Address: | 4685 28# ST. N | _ Address: | 4685 23 | SF. N |
| | SAINT POTERS MURLE, FL 33 | 205 | SAINT ME | 145BURG, PL 33705 |
| Name and 7 | | Nome and Title | | |
| Address: | Title: | | | ************ |
| 71001033. | | | ······································ | |
| | | | | |
| Name and T | Title: | Nome and Title | | |
| Address: | itle: | | | |
| /100/055. | | | | |
| | | | | ······································ |
| ARTICLE VI | REGISTERED AGENT | | | |
| The name and Flo | orida street address (P.O. Box NOT acceptable) o | f the registered agen | t is: | |
| Name: | LEVI J. LOVE | _ | | |
| Address: | 4685 28th ST. N. SAINT PETENSIBURG FL 3 | 3705 | | |
| ARTICLE VII | INCORPORATOR | | | |
| | dress of the Incorporator is: | | | |
| Name: | LEVI J. LOVE | | | |
| Address: | 4685 28M ST. N. | | | |
| | LEVI J. LOUE 4685 28 M ST. N. SAINT PETENSIBUNG, FL | 33705 | | |
| | ed as registered agent to accept service of proces m familiar with and accept the appointment as reg | | | |
| Lavil X | ore | | | 10-10-17 |
| - and the second | Required Signature/Registered Agent | | | Date |
| Laukunis skin da a | unant and affirm that the fact stated herein an | | dhad dha Calas * f | |

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.

| Jevil Love | 10-10-12 |
|---------------------------------|----------|
| Required Signature/Incorporator | Date |