

P13000000699/

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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13 JAN 18 PM 3:36  
RECEIVED  
TALLAHASSEE, FL 32301

184

## COVER LETTER

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

SUBJECT: Certificate of Domestication and Articles of Incorporation

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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LCG, Incorporated  
Name (printed or typed)

447 North Crooked Lake Drive  
Address

Babson Park, FL 33827  
City, State & Zip

317-506-7387  
Daytime Telephone Number

slivingston@integratei.com  
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2013

SCOTT LIVINGSTON  
447 NORTH CROOKED LAKE DRIVE  
BABSON PARK, FL 33827

SUBJECT: LCG, INCORPORATED  
Ref. Number: W13000001131

We have received your document for LCG, INCORPORATED and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00000398

# CERTIFICATE OF DOMESTICATION

FILED

The undersigned, Scott Livingston,  
(Name)

President, 13 JAN 18 PM 3:36  
(Title)

of Livingston Consulting Group, Incorporated  
(Corporation Name)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
a foreign corporation,

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 15, 2006.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Hamilton County Indiana.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Livingston Consulting Group, Incorporated.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Livingston Consulting Group, Incorporated.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Hamilton County Indiana.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Scott Livingston, of Livingston Consulting Group, Incorporated

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 15th day of January, 2013.

  
(Authorized Signature)

## Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
**IN COMPLIANCE WITH CHAPTER 607, F.S.**

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Livingston Consulting Group, Incorporated

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13 JAN 18 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

447 North Crooked Lake Drive  
Babson Park, FL 33827

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Consulting, teaching, coaching of Emotional Intelligence

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS:

1,000

**ARTICLE V    INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Scott Livingston, President

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Scott Livingston  
447 North Crooked Lake Drive  
Babson Park, FL 33827

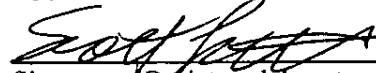
**ARTICLE VII    INCORPORATOR**

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:


Scott Livingston  
447 North Crooked Lake Drive  
Babson Park, FL 33827

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**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

  
\_\_\_\_\_  
Signature/Registered Agent

1-15-13  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1-15-13  
\_\_\_\_\_  
Date