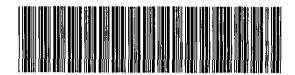
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
<u> </u>					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

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

43

SUBJECT:	LIVING GHIDE		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	PY REQUIRED
_	DAVID TARANT Nam 1411 BEE ALDGE	e (Printed or typed)	-
-		Address	
_5	ARAGOTA FL.	34233 , State & Zip	
·\$	941-284-2930		
.	Daytime '	Telephone number	
-	E-mail address: (to be us	MIDE MEDIA. Co	notification)
	- man addition (to be us	wa tot tututo aiiiiaai topoit	iiomioanon)

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 The name of the	NAM! corporation	<u>s</u> on shall be:	. 4	VING	GUID	E	MEDI	H	INC		
ARTICLE II	PRIN F	CIPAL O	FFICE reet addr	ess					g address, if differen	t is:	
4411 BL	EE A	IDGE	AD	#195		,					
SARASU	TH	FL.	<u>3423</u>	3							
ARTICLE III The purpose for			on is org	anized is: _	•						
<u>ANY</u>	ANT	ALL	L)A	DFUL	BUS1	VES	<u>.</u>				
<u></u>	<u></u>										
										NO.	
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										PHI	20 (A)
										 ජ කු	
ARTICLE IV The number of s ARTICLE V	shares of s	tock is:	CERS A	AND/OR D							
Name	and Title:	PETI	er (BAX	CTEX	Name	and Title	BU	RESIDENT		
Addres	SS	4411	BEE	A I DGE	RD	Addr	ess:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		#19	1	· · · · · · · · · · · · · · · · · · ·		•				<u>-</u>	
		SAKA			34235	3					
Name a	and Title:	DAVI)	-	HAHA		Name	and Title	ک ـ	ecretta,	y	
Addres	SS	4411	BEE	RIDO	GE RD	Addr	ess:				
		#19	5								
		SAKE	SOTI	1 FZ	34233	•					
Name a	and Title:	DAY	ד ב	TARAN	7T12	Name	e and Title	. T.	REASURE	12	
Addres	SS				GE RD	Addr	ess:				
		#	195			-		<u>.,</u>			
		5900	(SOT)	F.F.	3423	3			· · · · · · · · · · · · · · · · · · ·		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accepts Name: Address: 4444 BEE RINGE	AD THAT
SABASOTF FL. 34 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: PETER G. BAXTE	N 17 PH 12: 58
Address: 4411 BEE RIDGE . SANSSOTSI FL 32 Having been named as registered agent to accept service of p	1233 process for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment BAVID THRIBUT Required Signature/Registered Agen	WL) 6/10/14
I submit this document and affirm that the facts stated here document to the Department of State constitutes a third degree Required Signature/Incorporator	in are true. I am aware that the false information submitted in a e felony as provided for in s.817.155, F.S.