

P/50000/3/44

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

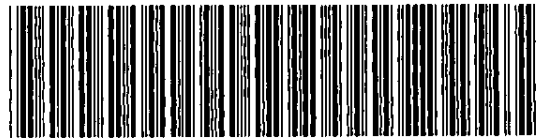
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 FEB -9 PM 2:50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB -9 PM 2:50

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Joey Livings Inc.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Joseph S. Livings
Name (Printed or typed)
5265 Water Valley Dr.
Address
Tallahassee, Florida 32303
City, State & Zip
(850) 322-5535
Daytime Telephone number
livingsj88@yahoo.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)

APPROVED
FILED

ARTICLE I NAME

The name of the corporation shall be: Joey Livings Inc.

15 FEB -9 PM 2:50

ARTICLE II PRINCIPAL OFFICE

Principal street address

5265 Water Valley Dr.

Tallahassee Florida

32303

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 33.3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joey Livings Director

Name and Title: _____

Address 5265 Water Valley Dr.

Address: _____

Tallahassee Florida

32303

Name and Title: Dusty Edwards Treasurer

Name and Title: _____

Address 5265 Water Valley Dr.

Address: _____

Tallahassee Fla.

32303

Name and Title: Anthony Lewis Secretary

Name and Title: _____

Address 5265 Water Valley Dr.

Address: _____

Tallahassee Fla.

32303

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Joey Livings
Address: 5265 Water Valley Dr.
Tallahassee Fla. 32203

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joey Livings
Address: 5265 Water Valley Dr.
Tall. Fla. 32203

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

Joey Livings 2/9/15
Required Signature/Registered Agent 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.

Joey Livings 2/9/15
Required Signature/Incorporator Date