P15000027342

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

W15 -14885



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FLORIDA DEPARTMENT OF STATES ONE MARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

March 2, 2015

JUSTIN LEONARD 1944 RED BANK ROAD JUNO BEACH, FL 33408

SUBJECT: LYVE LEAN INC. Ref. Number: W15000014885

We have received your document for LYVE LEAN INC. and your check(s) totaling \$87.50. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is L13000127659 (LYVE LEAN, LLC).

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

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

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 115A00004264

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Division of the control of the contr

COVER LETTER

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

SUBJECT: LYVE LEAN 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 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		
rnov J i	ustin Leonard				

1944 Red Bank Rd

Juno Beach FL 33408
City, State & Zip

561-602-1253

Daytime Telephone number

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

Name (Printed or typed)

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)

TICLE II PRI					
MA Dad Dam	Principal street address	Mai	ling address, if different	is:	
944 Red Ban Ino Beach F		 			
IIIO DEACH P	L 33406	<u>.,,</u>			
TICLE III PUR	POSE the corporation is organized is:	ful purpose			
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number of shares of TICLE V INIT Name and Title Address	rial officers and/or director. Justin Leonard- President 1944 Red Bank Rd Juno Beach FL 33408	Name and Title: Address:		57	
number of shares of TICLE V INIT Name and Title Address	rial officers and/or director. Justin Leonard- President 1944 Red Bank Rd Juno Beach FL 33408	Name and Title: Address: Name and Title:		57	
TICLE V INIT Name and Title Address	rial officers and/or director. Justin Leonard- President 1944 Red Bank Rd Juno Beach FL 33408	Name and Title: Address: Name and Title:		57	
TICLE V INIT Name and Title Address	rial officers and/or director. Justin Leonard- President 1944 Red Bank Rd Juno Beach FL 33408	Name and Title: Address: Name and Title: Address:		57	
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number of shares of TICLE V INT Name and Title Address Name and Title: Address	rial officers and/or director. Justin Leonard- President 1944 Red Bank Rd Juno Beach FL 33408	Name and Title: Address: Name and Title: Address: Name and Title:		57	

Name ar	nd Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of Justin Leonard	of the registered agent is:	
Address:	1944 Red Bank Rd	-	<u></u> 9
Addiess.	Juno Beach FL 33408		SECRE /ISION 5 MAR
ARTICLE VII	INCORPORATOR	_	FILED STATED STATES OF CORPORATE REPORT OF STATES OF STA
The name and a	ddress of the Incorporator is:		6: R.A.I.S. I.A.I
Name:	Justin Leonard	_	57 B
Address:	1944 Red Bank Rd		
	Juno Beach FL 33408	_	
	med as registered agent to accept service of proces am familiar with and accept the appointment as re		act in this capacity
			2-18-2015
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo		
	(h)		2-18-2015
	Required Signature/Incorporator		Date