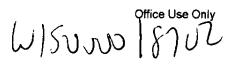
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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2015

TODD D. LINDGREN 3822 BROADWAY, UNIT C FORT MYERS, FL 33901

SUBJECT: THE LIVING YOUNG INSTITUTE OF FORT MYERS FL. INC.

Ref. Number: W15000018702

We have received your document for THE LIVING YOUNG INSTITUTE OF FORT MYERS FL. 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):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 715A00005314

www.sunbiz.org

Division of Corporations .. P.O. BOY 6397 Tellahasson Florida 39314

15 HAR 30 PM N: 56

Original

COVER LETTER

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

SUBJECT: The Living Young In (PROPOSED CORPORA)	istitute of Fo	ort Myers FL. Ir		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	i a check for:		
☐ \$70.00 ★ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status		
ADDITIONAL COPY REQUIRED				
FROM: Todd D. Lindgren Name (Printed or typed)				
3822 Broad way				
Fort Myers, FL 33901				
239-314-4250				
The Living Your E-mail address: (to be used	Institute Institute Institute	@gmà.1. com		

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)

A DOTOT D. T. STARTS		11 1 1 0 mm	^
The name of the corporation shall be:	he Living Young	Institute of Fort	Myers FL. Ir
ARTICLE II PRINCIPAL OFFICE			•
3822 Broad Way	ess A 100	Mailing address, if different i	is:
			
tort Myers, FL.	33901		
unit C			
ARTICLE III PURPOSE The purpose for which the corporation is org	anized is: Poctor	Supervised No	<u>on</u>
	etic and a	- Aesthotic	Drucedures
. ()	but are no		5)
	Micro Ne		in ical
	t loss and		la Dlasma
Tal Tis (D	PD1	PlateMet Kic	<u> </u>
Tacelity (F	NI).		
ARTICLE IV SHARES The number of shares of stock is:	00		
			55
ARTICLE V INITIAL OFFICERS A	ND/OR DIRECTORS	· +)	AR 3
Name and Title: lodd D.	Lindgen L Name and	Title:	<u> </u>
Address _ 5603 S	W 10th Ave Address:		
Cape C	oral FL 33914		<u>Ö</u>
<u>- ' , , , , , , , , , , , , , , , , , , </u>	· •		
Name and Title: Lawa L	inderen (mgr.))	
Name and Title: <u>ESION & S</u>	W18th Aug Address:	Title:	
<u>cape</u> (oral, FL 33914		
	<u> </u>		
Name and Title: Frank	Seda (mgr) Name and	Title:	
~ · ·	93 Cape Hardenbar	r Dr.	
Apt 8	112		
Cape	oral FL 33914		

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT accep	
Name: ladd D. Lind	<u>Arin</u>
Name: Todd D. Lind 5603 SW 10th	UAve.
Cape Coral F	L 33914
	•
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Todd D. Li	ndgren
Name: Todd D. L., Address: 5603 SW 1	10th Ave
Cape Coral	
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointme	f process for the above stated corporation at the place designated is ent as registered agent and agree to act in this capacity
Required Signafule/Registered Ag	3-9-15
Required Signa (up/Registered Ag	gent Date
I submit this document and affirm that the facts stated her document to the Department of State constitutes a third degr	erein are true. I am aware that the false information submitted in aree felony as provided for in s.817.155, F.S.
Your D. Ran.	3-9-15
Required Signature/Incorporato	or Date