

PI5000046643

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700270657737

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03/30/15--01027--018 **78.75

15 MAY 26 PM 2:00
Filing Office

18115-22770

MD 5/27

COVER LETTER

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

SUBJECT: Artbox Living Green Project, 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 COPY REQUIRED

FROM: Gabrielmar Riveros Vivas
Name (Printed or typed)

6702 Summer Cove Dr.
Address

Riverview Florida 33578
City, State & Zip

(813) 735-8877
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2015

GABIMAR RIVEROS VIVAS
6702 SUMMER COVE DR.
RIVERVIEW, FL 33578

SUBJECT: ARTBOX LIVING GREEN PROJECT, INC.
Ref. Number: W15000022770

We have received your document for ARTBOX LIVING GREEN PROJECT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Percentages are not needed/required.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 015A00006524



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2015

GABIMAR RIVEROS VIVAS
6702 SUMMER COVE DR.
RIVERVIEW, FL 33578

SUBJECT: ARTBOX LIVING GREEN PROJECT, INC.
Ref. Number: W15000022770

We have received your document for ARTBOX LIVING GREEN PROJECT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

You must list a number in this section. The minimum amount we can accept is "1".

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 015A00006524

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Artbox Living Green Project, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

208 Collins Street
Plant City FL 33563

6702 Summer Cove Dr
Riverview FL 33578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the corporation
is to engage in any lawful activity for which corporations
may be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel Rivers (CEO) Name and Title: _____

Address: 6702 Summer Cove Dr Address: _____

Riverview FL 33578

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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:

Address:

Gabrielmar Riveros
6702 Summer Cove Dr
Riverview FL 33578

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

Address:

Gabrielmar Riveros
6702 Summer Cove Dr
Riverview FL 33578

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

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.

Required Signature/Incorporator

Date

15 MAY 26 PM 2:00

March 25, 2015

March 25, 2015