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15 JUN -9 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10.12.15 CH

## COVER LETTER

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

**SUBJECT:** LLOYDD INTERACTIVE CORPORATION  
(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:** STANLEY WHITFIELD LLOYD  
Name (Printed or typed)  
2775 NE 187th STREET, PH-15W  
Address  
AVENTURA, FLA 33180  
City, State & Zip  
786-281-7717  
Daytime Telephone number  
SWL@LLOYDD.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)

**ARTICLE I NAME**

The name of the corporation shall be: LLOYDD INTERACTIVE CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2775 NE 187TH STREET, UNIT # 715

SAME

MIAMI, FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in doing general business as for profit in the technology, marketing, Advertising and event production industries.

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**ARTICLE IV SHARES**

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Stanley W. Lloyd, President & CEO

Name and Title: Stanton B. LLoyd, Director

Address 2775 NE 187th Street

Address: 2845 Forest Hills Blvd.

PH-15W

Coral Springs, FL 33065

Aventura FL 33180

Name and Title: Marie-Alix P. Lloyd, Vice President & CFO

Name and Title: Jacl P. Lloyd, Director

Address 2775 NE 187th Street

Address: 58856 Hampton Hills Blvd

PH-15W

Tamarac, FL 33321

Aventura FL33180

Name and Title:

Name and Title:

Address

Address:

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name:

Maric Alix P. Lloyd

Address:

2775 NE 187th Street, PH-15W

Aventura FL 33180

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name:

Stanley W. Lloyd

Address:

2775 NE 187th Street, PH-15W

Aventura FL 33180

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

06/05/2015

\_\_\_\_\_  
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

06/05/2015

\_\_\_\_\_  
Date