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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LIBBY MANAGEMENT, INC,**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

97656

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Electronic Filing Menu

Corporate Filing Menu

S. GILBERT
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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: LIBBY MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4466 N.W. 200TH ST.
MIAMI GARDENS, FL. 33055

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY LAWFUL
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLIVIA D. BAMISHIGBIN Name and Title:

Address: PRESIDENT Address:

4466 N.W. 200TH
MIAMI GARDENS, FL. 33055

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TELEPHONE 850-487-3000
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(cont.)

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: OLIVIA D. BAMISHIGBIN
Address: 4466 N.W. 200ST
MIAMI GARDENS, FL. 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OLIVIA D. BAMISHIGBIN
Address: 4466 N.W. 200^{STREET}
MIAMI GARDENS, FL. 33055

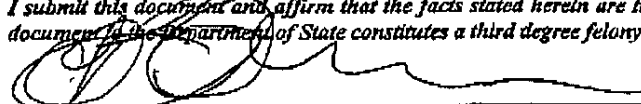
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/17/15
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

7/17/15
Date

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