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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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CLERK OF DISTRICT COURT  
DISTRICT OF COLUMBIA

*J* 2/3/16

## COVER LETTER

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

LOCAL LOVE ORLANDO, INC.

**SUBJECT:** \_\_\_\_\_  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: HILLERY BROOKS  
\_\_\_\_\_  
Name (Printed or typed)  
  
130 S. ORANGE AVE, SUITE 204  
\_\_\_\_\_  
Address  
  
ORLANDO, FL 32801  
\_\_\_\_\_  
City, State & Zip  
  
407-745-1359  
\_\_\_\_\_  
Daytime Telephone number  
  
localloveorlando@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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STATE  
OF  
FLORIDA

EFFECTIVE DATE 01/21/16

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

LOCAL LOVE ORLANDO, INC.

The name of the corporation shall be: \_\_\_\_\_

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

130 S. Orange Avenue, Suite 204

Orlando, FL 32801

Mailing address, if different is: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

to develop and deliver services and retail products

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Hillery Brooks, ~~Founder~~ Co-Founder

Address 130 S. Orange Ave.

Suite 204

Orlando, FL 32801

Name and Title: James M. Hobart, Co-Founder

Address: 130 S. Orange Ave.

Suite 204

Orlando, FL 32801

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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: Hillery Brooks

Address: 130 S. Orange Ave., Suite 204

Orlando, FL 32801

**ARTICLE VII INCORPORATOR**

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

Name: Hillery Brooks

Address: 130 S. Orange Ave., Suite 204

Orlando, FL 32801

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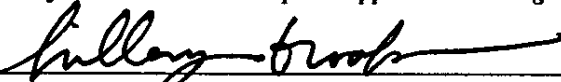
**ARTICLE VIII EFFECTIVE DATE:** January 21, 2016

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*

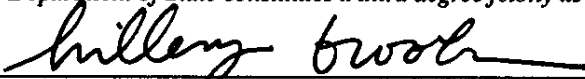


Required Signature/Registered Agent

01/16/2016

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

01/16/2016

Date