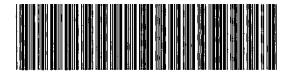
## P16000015588

| (Requestor's Name)                      |                    |           |  |  |
|---|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Address) .                             |                    |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | : #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | siness Entity Nam  | ne)       |  |  |
|   |                    |           |  |  |
| (Do                                     | ocument Number)    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    | ļ         |  |  |
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## **COVER LETTER**

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

| SUBJECT: THE            | LOVELL GROUP INC                             |                                     |                         |
|-------------------------|--|-------------------------------------|-------------------------|
| SOBJECT                 | (PROPOSED CORPORA                            | TE NAME <u>MUST INCL</u>            | <u>UDE SUFFIX</u> )     |
| Enclosed are an or      | iginal and one (1) copy of the art           | icles of incorporation and          | d a check for:          |
| ■ \$70,00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | & Certificate of Status |
|                         |  | ADDITIONAL CO                       | PY REQUIRED             |
| FROM: _                 | THE LOVELL GROUP INC                         | (Printed or typed)                  |                         |
| 14                      | 470 CRESTVIEW ST                             | ()                                  |                         |
| _                       | <i>I</i>                                     | Address                             | <del></del>             |
| C                       | LEARWATER, FL 33755                          |                                     |                         |
| _                       | City,  | State & Zip                         | <del></del>             |
| 7:                      | 27-424-3547                                  |                                     |                         |
|                         | Daytime Telephone number                     |                                     |                         |
| ra                      | ymurt@gmail.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)

| RTICLE II PRINCIPAL OFFICE Principal street address 470 Crestview St |  | Mailing add  | dress, if different is: |
|--|--|--|-------------------------|
| Clearwater, fl 33755   |  |  |                         |
| DTICLE III DUDD  | OSE ANY & ANY &  | ALL LAWFUL BUSINESS                                  |                         |
|  |  |  | . 76<br>76<br>76        |
|  |  |  | - S S S S S S S S       |
|  |  |  |                         |
| RTICLE IV SHARE<br>the number of shares of                           | ES 1000<br>stock is:   |  | SIALE<br>BORIDA         |
| he number of shares of   | stock is:  **IL OFFICERS AND/OR DIRECTORS**  **ALAN R LOVELL, PRESIDENT**  **:               | Name and Title:                                      | i 50                    |
| he number of shares of   | Stock is:  AL OFFICERS AND/OR DIRECTORS  ALAN R LOVELL, PRESIDENT  1470 CRESTVIEW ST         | Name and Title:                                      | TATE ORIDA              |
| ne number of shares of  **RTICLE V INITIA**  Name and Title          | AL OFFICERS AND/OR DIRECTORS  ALAN R LOVELL, PRESIDENT  1470 CRESTVIEW ST                    | Name and Title:                                      | i 50                    |
| ne number of shares of<br>RTICLE V INITIA  Name and Title  Address   | AL OFFICERS AND/OR DIRECTORS  ALAN R LOVELL, PRESIDENT  1470 CRESTVIEW ST                    | Name and Title:  Address:  Name and Title:           | INTE<br>ORIDA           |
| RTICLE V INITIA  Name and Title  Address                             | AL OFFICERS AND/OR DIRECTORS ALAN R LOVELL, PRESIDENT 1470 CRESTVIEW ST CLEARWATER, FL 33755 | Name and Title:  Address:  Name and Title:  Address: | INTE ORIDA              |
| Name and Title:  Address  Address                                    | ALAN R LOVELL, PRESIDENT  1470 CRESTVIEW ST  CLEARWATER, FL 33755                            | Name and Title:  Address:  Name and Title:  Address: | INTE ORIDA              |

| Name an  | nd Title:  | Name and Title:   |  |
|--|--|---|--|
| Address  | · · · · · · · · · · · · · · · · · · ·  | Address:  |  |
|  |  |   |  |
|  | REGISTERED AGENT<br>lorida street address (P.O. Box NOT accepta                                | able) of the registered agent is:   |  |
| Name:  | ALAN R LOVELL  | , , ,   |  |
| Address:   | 1470 CRESTVIEW ST  |   |  |
|  | CLEARWATER, FL 33755   |   |  |
| ARTICLE VII  | <u>INCORPORATOR</u>  |   | 16<br>17AL   |
| The name and a   | ddress of the Incorporator is:   |   |  |
| Name:  | ALAN R LOVELL  |   |  |
| Address:   | 1470 CRESTVIEW ST  |   | 8. 33. 35. 35. 35. 35. 35. 35. 35. 35. 35              |
|  | CLEARWATER, FL 33755   |   |  |
| Effective date, if<br>(If an effective days after the fi | late is listed, the date must be specific and  | cannot be more than five busine   | ess days prior or 90 business                          |
| the document's e   | effective date on the Department of State's rec  | cords.  |  |
| this certificate, I                                      | ned as registered agent to accept service of p<br>am familiar with and accept the appointment  | process for the above stated corpo<br>t as registered agent and agree to  | ration at the place designated in act in this capacity |
| Q.   | A  | -   | 2/5/16   |
|  | Dequired Signature/Registered Ages   | nt  | Date   |
| I submit this doc  | cument and affirm that the facts stated here<br>Department of State constitutes a third degree | in are true. I am aware that the j<br>e felony as provided for in s.817.1 | false information submitted in a                       |
| <b>(4)</b>   | A  |   | 2/5/16   |
|  | ired Signature/Incorporator  |   | Date   |

\* •