

P16000043194

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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16 MAY 12 PM 2:01

CLERK OF THE COURT  
STATE OF FLORIDA

5/19/16

**FLORIDA PROFIT BENEFIT CORPORATION**

**COVER LETTER**

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

LoveBuilt Studio 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**

MyCorporation  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
23586 Calabasas Rd., Suite 102  
\_\_\_\_\_  
Address  
Calabasas, CA 91302  
\_\_\_\_\_  
City, State & Zip  
877-692-6772  
\_\_\_\_\_  
Daytime Telephone number  
processing@mycorporation.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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16 MAY 12 PM 2:01

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

## MyCorporation®

23586 Calabasas Rd. Suite 102  
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005  
Email: [customerservice@mycorporation.com](mailto:customerservice@mycorporation.com)

Tuesday, May 10, 2016

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: LoveBuilt Studio Inc.**

Ladies and Gentlemen:

Please find enclosed for filing 1 original and 1 copy of the Articles of Incorporation for the above referenced company.

Enclosed is a check in the amount of \$78.75 for filing and for a **certified copy**.

Please return the certified copy to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation  
**Attn: Fulfillment Dept.**  
23586 Calabasas Rd., Suite 102  
Calabasas, CA 91302

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16 MAY 12 PM 2:01  
DEPT. OF STATE  
TALLAHASSEE, FL 32301

**ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION**

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

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**ARTICLE I NAME**

The name of the benefit corporation shall be: LoveBuilt Studio Inc.

16 MAY 12 PM 2:01

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1950 Silver St

Jacksonville, FL 32206

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

a material positive impact on society by improving the lives of others through the use of creativity

and creative pursuits.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

**ARTICLE IV SHARES**

1,500

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**

Name and Title: Aida Correa, DPS

Name and Title: Shiloe Ellison, DVPT

Address 9939 Byrnes Road Unit 1  
Jacksonville, FL 32246

Address: 6043 Westwood Road South  
Jacksonville, FL 32234

Name and Title:

Name and Title:

Address

Address:

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

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

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : \_\_\_\_\_ Name: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Joni Ellison

Address: 6043 Westwood Road South

Jacksonville, FL 32234

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carri Brown

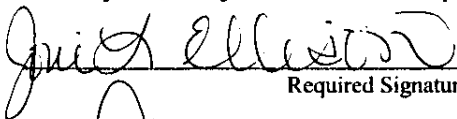
Address: 23586 Calabasas Road Suite 102

Calabasas, CA 91302

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16 MAY 12 PM 2:01  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

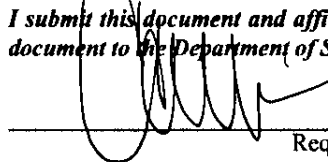
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5/4/2016  
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

5/10/16  
Date