

P16000045435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

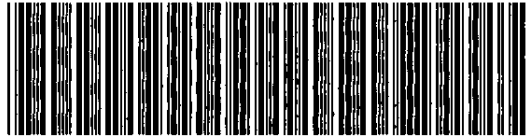
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600285289606

05/03/16--01015--014 **70.00

FILED
16 MAY 20 PM 5:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Tut
5-24-16

~~1010-34937~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2016

EVA ASPEGREN
28240 LISBON CT. UNIT 2621
BONITA SPRINGS, FL 34135

SUBJECT: CRAVE2LIVE, INC
Ref. Number: W16000034937

We have received your document for CRAVE2LIVE, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000170573 (CRAVE2LIVE LLC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 716A00009998

FILED

RECEIVED

16 MAY 20 PM 5:53

16 MAY 20 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

Crave2Live, 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:

Eva Aspegren

Name (Printed or typed)

28240 Lisbon Ct. Unit 2621

Address

Bonita Springs, FL 34135

City, State & Zip

239-913-9599

Daytime Telephone number

eva@crave2live.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: ~~Crave2Live, Inc.~~ Crave2Live More, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

28240 Lisbon Ct. Unit 2621

Bonita Springs, FL 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide health and wellness services

ARTICLE IV SHARES

10,000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eva Aspegren, President

Name and Title: _____

Address 28240 Lisbon Ct. Unit 2621

Address: _____

Bonita Springs, FL 34135

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
16 MAY 20 PM 5:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Eva Aspegren

Address: 28240 Lisbon Ct. Unit 2621

Bonita Springs, FL 34135

ARTICLE VII INCORPORATOR

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

Name: Eva Aspegren

Address: 28240 Lisbon Ct. Unit 2621

Bonita Springs, FL 34135

FILED
16 MAY 20 PM 5:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Eva Aspegren

Required Signature/Registered Agent

4/29/2016

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.

Eva Aspegren

Required Signature/Incorporator

4/29/2016

Date