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(Requestor's Name)

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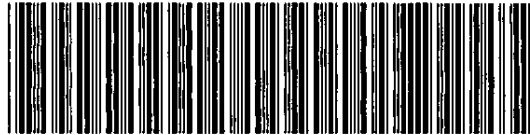
(Business Entity Name)

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U.S. DEPARTMENT OF THE TREASURY  
INTERNAL SECURITY

Free/6/14

**FLORIDA PROFIT BENEFIT CORPORATION**

**COVER LETTER**

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

SUBJECT: Cultured Books, Co.  
(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: Lorielie J. Hollaway  
Name (Printed or typed)

76-4<sup>th</sup> St. N #472  
Address

St. Petersburg FL ~~33701~~ 33731  
City, State & Zip

813-585-5073  
Daytime Telephone number

ljhollaway@icloud.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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E-mail address: (to be used for future annual report notification)

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

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:

Lorielle J. Hollaway

Address:

76-4<sup>th</sup> St. N #472  
St. Petersburg FL 33731

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Lorielle J. Hollaway

Address:

76-4<sup>th</sup> St. N #472  
St. Petersburg FL 33731

**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

LJ Hollaway

Required Signature/Registered Agent

05/23/16

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.

LJ Hollaway

Required Signature/Incorporator

05/23/16

Date

FILED  
16 MAY 31 PM 3:45  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
HILLSBOROUGH, FLORIDA