

P17000012036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

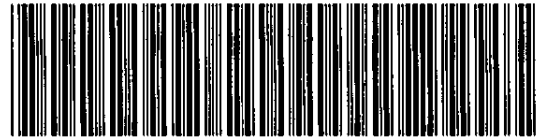
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: Live Rich Inc.  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Amin Ahidn  
Name (Printed or typed)

1935 N. Laum St.  
Address

Jacksonville, FL 32206  
City, State & Zip

347-881-1085  
Daytime Telephone number

ameridream24@gmail.com  
E-mail address: (to be used for future annual report notification)

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

Note:

I was the original user of  
the name Live Rich Inc. I  
would like to still use this name  
I was advised to file all over again  
Enclosed is Cover letter, paperwork &  
Money Order for \$ 70.00.

Amin Abida

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: Live Rich Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1435 N. Laura St.  
Jacksonville, FL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: marketing and promotion firm.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amin Akida, President Name and Title: \_\_\_\_\_

Address: 1435 N. Laura St Address: \_\_\_\_\_

Jacksonville, FL 32206

Name and Title: Amin Akida, Secretary Name and Title: \_\_\_\_\_

Address: Same as above Address: \_\_\_\_\_

Name and Title: Amin Akida, Treasurer Name and Title: \_\_\_\_\_

Address: Same as above Address: \_\_\_\_\_

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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: Duke Brown  
Address: 1935 N. Laura St.  
Jacksonville, FL 32206

**ARTICLE VII INCORPORATOR**

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

Name: Amin Akida  
Address: 1935 N. Laura St.  
Jacksonville, FL 32206

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TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/16/17 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Duke Brown  
Required Signature/Registered Agent

1/23/17  
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.*

Amin Akida  
Required Signature/Incorporator

1-23-17  
Date