

P17000091425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

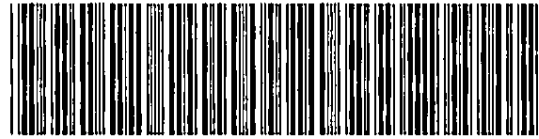
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/14/17--01010--011 **70.00

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NOV 13 2017

COVER LETTER

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

SUBJECT: Logical Ventures 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 ☐ \$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: LegalForce RAPC Worldwide

Name (Printed or typed)

446 E. Southern Ave.

Address

Tempe, AZ 85282

City, State & Zip

877-794-9511

Daytime Telephone number

Edwardcustodio@live.com

E-mail address: (to be used for future annual report notification)

2017 NOV 13 PM 1:16

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: Logical Ventures Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1580 Thetford Cir.

Orlando, FL 32824

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Audio Solutions for personal and professional segements. Catering of audio solutions from headphoens to professio
equipment.

ARTICLE IV SHARES

10000000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward Custodio, President

Name and Title: Liza Ibarra Vice, President

Address: 1580 Thetford Cir.

Address: 1580 Thetford Cir.

Orlando, FL 32824

Orlando, FL 32824

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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: Edward Custodio _____

Address: 1580 Thetford Cir. _____

Orlando, FL 32824 _____

ARTICLE VII INCORPORATOR

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

Name: Edward Custodio _____

Address: 1580 Thetford Cir. _____

Orlando, FL 32824 _____

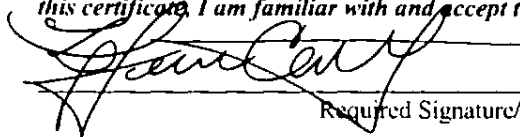
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

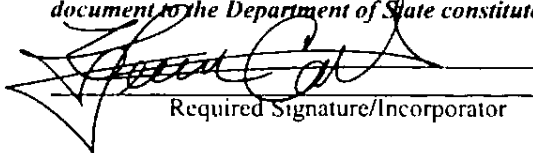
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 _____
Required Signature/Registered Agent

10/23/2017
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

10/23/2017
Date

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Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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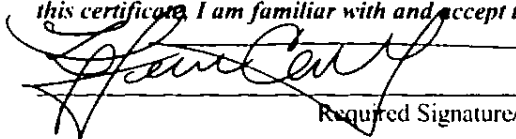
ARTICLE VIII EFFECTIVE DATE:

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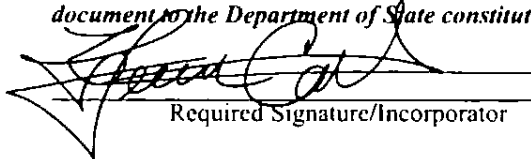


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