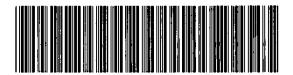
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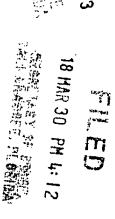
(Requestor's Name)				
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(Bu	siness Entity Na	me)		
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COVER LETTER

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

SUBJECT:	e Store TV. I	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	- N		

Name (Printed or typed)

5065 200th Trail North

Address

Loxahatchee, Florida 33470

City, State & Zip

561-333-7256

Daytime Telephone number

livewire production a hotmail. 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)

The name of the corporation shall be: e Store TV	1. Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
5065 200th Trail North Loxahatchee, Fl. 33470	
brick & mortar to Sell food products, music products and cooking utensils & products). ARTICLE IV SHARES The number of shares of stock is: 1,000,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Stanley Hough / Pres Address 5065 200th Trail Loxahatchee, Flor 33470	CEO Name and Title: North Address: Cicla Name and Title:
Address	

Name and Title:		Name and Title:	
Address		Address:	
	·		
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•			
· · · · · · · · · · · · · · · · · · ·	REDAGENT Maddress (P.O. Box NOT acceptable) of Anley Hough 5 200th Trail		
Address: 506	,5 200th Trail 1	Vorth	
Laxa	chatchee, Fl. 334	70	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
ARTICLE VII INCORPO	<u>PRATOR</u>		3
The name and address of the Name: Address: 5	tanley Hough 065 200+5 Trail exahatchee, 71.3	North 3470	30 PM 4: 12
ARTICLE VIII EFFECT Effective date, if other than (If an effective date is liste filing.)	the date of filing: 3-30- d, the date must be specific and canno	(OPTIONAL) t be more than five days prior or 9	0 days after the
	n this block does not meet the applicable te on the Department of State's records.	statutory filing requirements, this da	te will not be listed as
this certificate, am familio	istered agent to accept service of process ir with and accept the appointment as reg Required Signature/Registered Agent	gistered agent and agree to act in this	the place designated in scapacity 3-30-18 Date
I submit this document an	d offirm that the facts stated helpin are	true. I am aware that the false info	ormation submitted in a
document to the Pepartmen	nt of State constitutes a third degree felon ture/incorporator	y as provided for in s.817.155, F.S.	3-30-18 Date
	_ ()		

* ', ,