

PI8000073037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

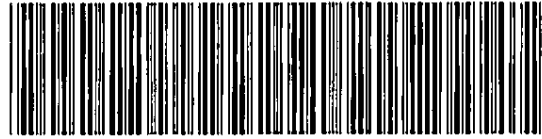
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/18--01008--001 **87.50

19 AUG 28 AM 8:31

FILED
2018 AUG 28 AM 8:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Livetribe
(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: Karen Lavender
Name (Printed or typed)

500 N. Osceola Ave Ste 210
Address

Clearwater, FL, 33755
City, State & Zip

310-7793236 (cell)
Daytime Telephone number

karen@livetribetv
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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2018 AUG 28 AM 8:49
TALLAHASSEE, FL 32314
DEPT. OF STATE

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: LiveTribe, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 N. Osceola Ave Ste 210
Clearwater, FL, 33755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Film, video and commercial production

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Lavender - President Name and Title: _____
Address: 8950 W. Olympic Blvd #231 Address: _____
Beverly Hills, CA 90211

VP Vice President
Name and Title: Gary Ravenscroft Name and Title: _____
Address: 8950 W. Olympic Blvd #231 Address: _____
Beverly Hills, CA 90211

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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2018 AUG 28 AM 8:50
CLERK OF DISTRICT COURT
STATE OF 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: Karen Lavender

Address: 225 500 N. Osceola Ave Ste 210
Clearwater, FL, 33755

ARTICLE VII INCORPORATOR

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

Name: Karen Lavender

Address: 500 N. Osceola Ave Ste 210
Clearwater, FL, 33755

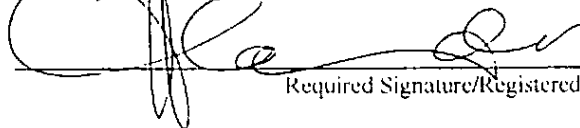
ARTICLE VIII EFFECTIVE DATE:

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

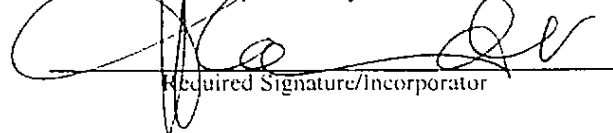


Required Signature/Registered Agent

8/28/2018

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

8/28/2018

Date