

# P190000031323

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Elevated Life Farms, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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APR 03 2019

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DIVISION OF CORPORATIONS  
19 APR -3 PM 2:45

**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: Elevated Life Farms, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

207 E Livingston Street

207 E Livingston Street

Orlando, Florida 32801

Orlando, Florida 32801

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To engage in any lawful act or activity for which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Denis Quintana, Director

Name and Title: Toni L. Gott, Director

Address 207 E Livingston Street  
Orlando, Florida 32801

Address: 17121 Cypresswood Way  
Clermont, Florida 34714

Name and Title: Scott T. Habraken, Director

Name and Title: Robin Maynard-Harris, Director

Address 17121 Cypresswood Way  
Clermont, Florida 34714

Address: 10240 SR 33  
Groveland, Florida 34736

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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: Denis Quintana Law Office of Denis Quintana LLC  
Address: 207 E Livingston Street  
Orlando, Florida 32801

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Denis Quintana Law Office of Denis Quintana LLC  
Address: 207 E Livingston Street  
Orlando, Florida 32801

**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 business days prior or 90 business 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*

x Denis Quintana  
Required Signature/Registered Agent

April 2, 2019  
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 of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

x Denis Quintana  
Required Signature/Incorporator

April 2, 2019  
Date

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