

P19000080928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

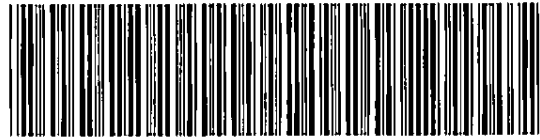
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 OCT 29 PM 4:43  
FALLS CHURCH, VIRGINIA  
RECEIVED

10/28/19--01005--020 \*\*70.00

FILING CANCELLED  
DUE TO RETURNED CHECK

19 OCT 29 PM 4:43

OCT 30 2019

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## COVER LETTER

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

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**SUBJECT:** Iboday Living 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:** DHSI INC

Name (Printed or typed)

5781 Lee Blvd Suite 208 Box 236

Address

Lehigh Acres, FL 33971

City, State & Zip

239-908-1312

Daytime Telephone number

info@ibodayliving.com

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

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

FILING CANCELLED  
DUE TO RETURNED CHECK

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: Iboday Living Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5781 Lee Blvd

Suite 208 Box 236

Lehigh Acres, FL 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DHSI INC - P Name and Title:

Address 5781 Lee Blvd Address:

Suite 208 Box 236

Lehigh Acres, FL 33971

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

2016 OCT 29 PM 4:48  
FILED  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**FILING CANCELLED  
DUE TO RETURNED CHECK**

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: Sean Rowland \_\_\_\_\_

Address: 8042 Silver Birch Way \_\_\_\_\_

Lehigh Acres, FL 33971 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Sean Rowland \_\_\_\_\_

Address: 8042 Silver Birch Way \_\_\_\_\_

Lehigh Acres, FL 33971 \_\_\_\_\_

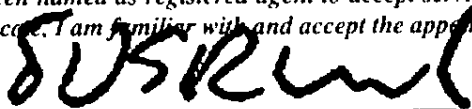
**ARTICLE VIII EFFECTIVE DATE:**

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*

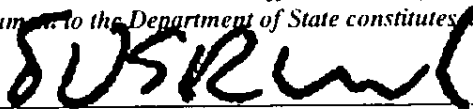


Required Signature/Registered Agent

10/23/2019

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



Required Signature/Incorporator

10/23/2019

Date