

P21000073288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

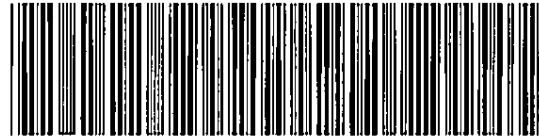
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 16 4:10:01
STATE
TALLAHASSEE, FL

REGISTRATION
TALLAHASSEE, FLORIDA

2021 AUG 16 PM 3:00

RECEIVED

Incorporating Services, Ltd.

1440 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 8/16/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 941674

ORDER ENTITY

2MUCHLIV ENTERTAINMENT INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

2MUCHLIV ENTERTAINMENT INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: dan@kacpartners.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "M" or "J" with a stylized flourish.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: 2MuchLiv Entertainment Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3007 HOP TREE WAY, PALM BEACH GARDENS, FL 33410

Mailing address, if different is

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ENTERTAINMENT

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GISMAR GONCALVES - PRES. Name and Title: GISMAR GONCALVES - SEC.

Address: 3007 HOP TREE WAY
PALM BEACH GARDENS, FL 33410

Address: 3007 HOP TREE WAY
PALM BEACH GARDENS, FL 33410

Name and Title: GISMAR GONCALVES - TREAS.

Name and Title: GISMAR GONCALVES - DIR.

Address: 3007 HOP TREE WAY
PALM BEACH GARDENS, FL 33410

Address: 3007 HOP TREE WAY
PALM BEACH GARDENS, FL 33410

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: REGISTERED AGENT SOLUTIONS, INC.

Address: 155 OFFICE PLAZA DR., SUITE A

TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CELESTE RHINE

Address: P.O. BOX 92095

HENDERSON, NV 89009

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.)

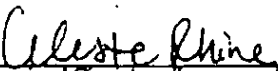
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 ASSISTANT SECRETARY
Required Signature/Registered Agent

8/16/2021
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.

 Celeste Rhine
Required Signature/Incorporator

8/16/2021
Date