

P21 000093316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400374986784

FILED RECEIVED  
2021 OCT 29 PM 4:17  
2021 OCT 29 PM 2:16  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 10/29/2021**

**NAME: LIV FUNDING INC**

**TYPE OF FILING: ARTICLES**

**COST: 87.50**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

FILED  
2021 OCT 29 PM 4:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*A Hodge*

---

COVER LETTER

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

# LIV FUNDING INC

SUBJECT: \_\_\_\_\_  
(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: **Andrew Shlomovich**  
Name (Printed or typed)  
**1890 S Ocean Drive, E704**  
Address  
**Hallandale Beach, FL 33009**  
City, State & Zip  
**(718) 722-9300**  
Daytime Telephone number  
**tginy8744@gmail.com**  
E-mail address: (to be used for future annual report notification)

OCT 29 PM 1:17  
FILED

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)

ARTICLE I NAME

The name of the corporation shall be:

**LIV FUNDING INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1890 S OCEAN DRIVE, E704

**HALLANDALE BEACH, FL 33009**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Any Legal Business**

ARTICLE IV SHARES

The number of shares of stock is:

**200**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

**Andrew Shlomovich, President**

Address

**1890 S Ocean Drive  
E704  
Hallandale, FL 33009**

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
2021 OCT 29 PM 4:17  
CLERK OF DISTRICT COURT  
JACKSONVILLE, 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: **Andrew Shlomovich**  
Address: **1890 S Ocean Drive, E704**  
**Hallandale Beach, FL 33009**

**ARTICLE VII INCORPORATOR**

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

Name: **Andrew Shlomovich**  
Address: **1890 S Ocean Drive, E704**  
**Hallandale Beach, FL 33009**

FILED  
2021 OCT 29 PM 4:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

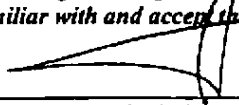
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: **10/29/2021** (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*

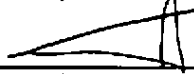


\_\_\_\_\_  
Required Signature/Registered Agent

**10/29/2021**

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

**10/29/2021**

\_\_\_\_\_  
Date