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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	05/10/2301003006 **70.00
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C	ORPORAT ACCESS,	-
	INC.	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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1.		LIVING EMPIRE INC.
2.	(CORPORATE NA	IAME AND DOCUMENT #)
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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ICLEII FRINCIF</u>	AL OFFICE	Mailing a	ddress, if different is:
500 SW 19th Ave Ar	incipal <u>street</u> address	-	
ainesville, FL 32607			
TICLE III PURPOS. purpose for which the	E corporation is organized is: For sc		
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TICLE IV SHARES	_		53 m 33
e number of shares of st	ock is: 100 @ \$1.00		
e number of shares of st R <u>TICLE V INITIAL</u> Name and Title:	OCK is: 100 @ \$1.00 OFFICERS AND/OR DIRECTORS Peterson Louis, Director 2500 SW 19th Ave Apt 221	Name and Title:	
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ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	Name a	nd Title:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Peterson Louis Address: 3500 SW 19th Ave Apt 221 Gainesville, FL 32607 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Peterson Louis Address: 3500 SW 19th Ave Apt 221 Gainesville, FL 32607 Address: 3500 SW 19th Ave Apt 221 Gainesville, FL 32607 Address: 3500 SW 19th Ave Apt 221 Gainesville, FL 32607 Address: 3500 SW 19th Ave Apt 221 Gainesville, FL 32607 Address: 3500 SW 19th Ave Apt 221 If an effective date is date the date of filing: (OPTIONAL) If an effective date is date date must be specific and cannot be more than five days prior or 90 days after the ling.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be line the document's effective date on the Department of State's records. Iaving been named as registered agent to accept service of process for the above stated corporation at the place designate errificate, I am fapather with and accept the appointment as registered agent and agree to act in this capacity Willow Willing with and accept the appointer facts stated h	Addres		Address:	
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