

P23000039100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

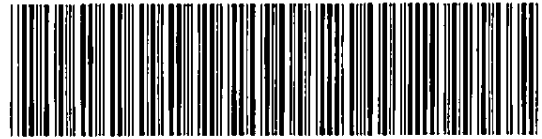
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

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*Handwritten signature/initials*

2023 MAY 11 PM 4:46

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STATE OF MISSISSIPPI  
RECEIVED

**FLORIDA PROFIT BENEFIT CORPORATION**

**COVER LETTER**

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

**SUBJECT:** Living Harmony Co.

(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:** S. Michael Kaufman

Name (Printed or typed)

2637 E Atlantic Blvd # 1240

Address

Pompano Beach, FL 33062

City, State & Zip

Daytime Telephone number

info@livingharmony.org

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

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY -3 PM 4:46

FILED

**ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the benefit corporation shall be: Living Harmony Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2637 E Atlantic Blvd # 1240  
Pompano Beach, FL 33062

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

to have a material, positive impact on society through products, programs, services and other offerings

that benefit the lives of people, animals and/or the environment.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 10,000,000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**

Name and Title: S. Michael Kaufman, Manager

Name and Title: Ioannis Lagos, Manager

Address 2637 E Atlantic Blvd # 1240  
Pompano Beach, FL 33062

Address: 2637 E Atlantic Blvd # 1240  
Pompano Beach, FL 33062

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

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

Address \_\_\_\_\_

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

2023 MAY - 3 PM 4:46  
CLERK OF STATE  
TALLAHASSEE, FL

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

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : Ioannis Lagos Name: \_\_\_\_\_  
Address 2637 E Atlantic Blvd # 1240 Address: \_\_\_\_\_  
Pompano Beach, FL 33062 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: S. Michael Kaufman  
Address: 2637 E Atlantic Blvd #1240  
Pompano Beach, FL 33062

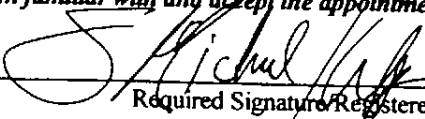
**ARTICLE VII INCORPORATOR**

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

Name: S. Michael Kaufman  
Address: 2637 E Atlantic Blvd #1240  
Pompano Beach, FL 33062

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

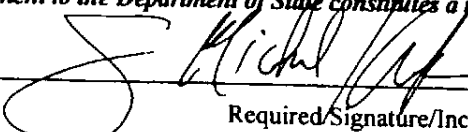
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

April 24, 2023

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

April 24, 2023

Date

FILED  
2023 MAY -3 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

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Name and Title: S. Michael Kaufman, Manager

Address: 2637 E Atlantic Blvd # 1240  
Pompano Beach, FL 33062

Name and Title: Ioannis Lagos, Manager

Address: 2637 E Atlantic Blvd # 1240  
Pompano Beach, FL 33062

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

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

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

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

2023 MAY -3 PM 4:46  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : Ioannis Lagos Name: \_\_\_\_\_  
Address 2637 E Atlantic Blvd # 1240 Address: \_\_\_\_\_  
Pompano Beach, FL 33062 \_\_\_\_\_  
\_\_\_\_\_

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Name: S. Michael Kaufman  
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[Signature]  
Required Signature/Registered Agent

April 24, 2023  
Date

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[Signature]  
Required Signature/Incorporator

April 24, 2023  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FL