

P13000083007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

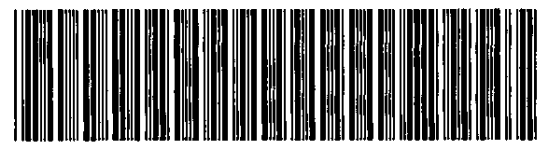
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600252268656

10/08/13--01024--011 **70.00

FILED
13 OCT - 8 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/9
[Signature]

COVER LETTER

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

SUBJECT: iLove It Studios, 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: Alexandra Alusma

Name (Printed or typed)

11530 Northwest 10th Avenue

Address

Miami, FL 33168

City, State & Zip

305-610-0182

Daytime Telephone number

lexxlu@icloud.com,

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

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: iLove It Studios, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3251 N. University Dr.

Suite #13

Coral Springs, Fl 33065

Mailing address, if different is:

11530 N.W 10th Ave.

Miami, Fl 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do any and all things authorized by law.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexandra Alusma - PST Name and Title: _____

Address: 11530 N.W 10th Ave. Address: _____

Miami, Fl 33168 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
09 OCT - 8 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: Alexandra Alusma
 Address: 11530 Northwest 10th Avenue
Miami, FI 33168

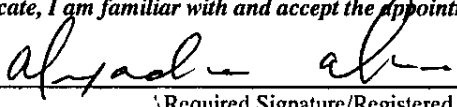
FILED
 13 OCT -8 PM 3:28
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

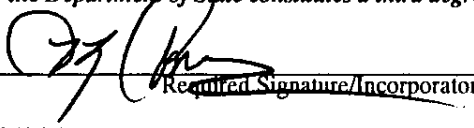
The name and address of the Incorporator is:

Name: TL Coverson
 Address: 9999 N.E. 2 Ave. - Ste. 219
M. Shores, FL. 33138

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

 Oct. 4, 2013
 Required Signature/Registered Agent 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.

 Oct. 4, 2013
 Required Signature/Incorporator Date

TL Coverson