

P13000083007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

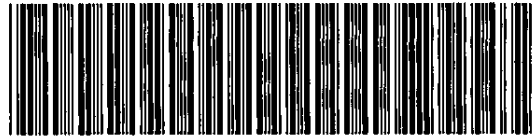
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

Address: 11530 N.W 10th Ave.

Miami, Fl 33168

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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, FL 33168

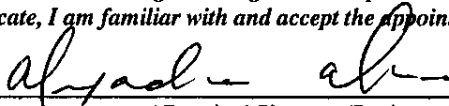
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

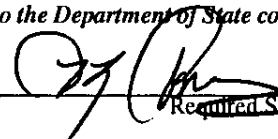
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

Oct. 4, 2013
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
TL Coverson

Oct. 4, 2013
Date