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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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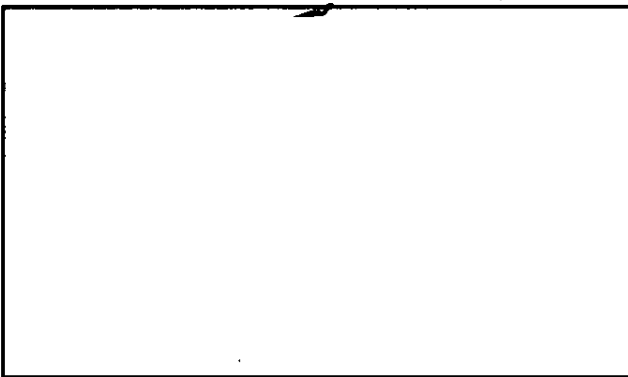
☐ WAIT

☐ MAIL

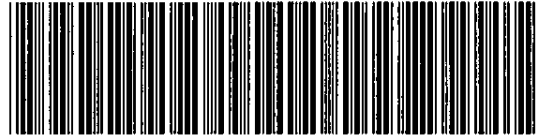
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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2008 APR 21 A 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 23 2008
D. A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Scentsy, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sarah Gibson

(Name of Person)

Incorp Services, Inc.

(Firm/Company)

3155 E. Patrick Lane, Ste. 1

(Address)

Las Vegas, NV 89120

(City/State and Zip code)

For further information concerning this matter, please call:

Sarah Gibson

(Name of Person)

at (702) 866-2500

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **Scentsy, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Idaho**

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. **11-04-2005**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **upon filing**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **149 S Adkins Way #101, Meridian, ID 83642**

(Principal office address)

SAME

(Current mailing address)

8. **Direct sales of candles and accessories.**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Incorp Services, Inc.**

Office Address: **17888 67th Court North**

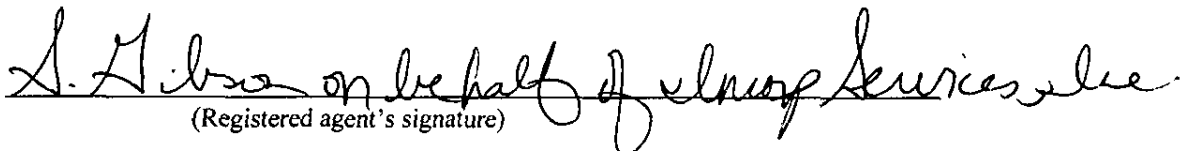
Loxahatchee, , Florida **33470**

(City)

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

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Vice Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Director: Colette Gunnell

Address: 207 E. Carrington Ln, Centerville, UT 84014

Director: Kara Egan

Address: 2245 E. Fisher Ln, Salt Lake City UT 84109

B. OFFICERS

President: R. Orville Thompson

Address: 149 S. Adkins Way, #101, Meridian ID 83642

Vice President: Charles Thompson

Address: 4334 E. Race St. Meridian ID 83646

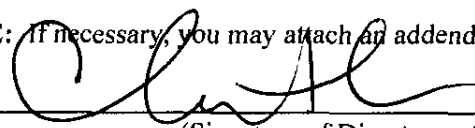
Secretary: Heide Thompson

Address: 149 S. Adkins Way, #101, Meridian ID 83642

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Charles Thompson, Vice President
(Typed or printed name and capacity of person signing application)

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

SCENTSY, INC.

File Number C-163310

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named corporation was incorporated under the laws of Idaho on 11/04/2005.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 4/10/2008 10:03 AM



Ben Yursa

SECRETARY OF STATE

Authentic Access Idaho Document (<http://www.accessidaho.org/public/portal/authenticate.html>)
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