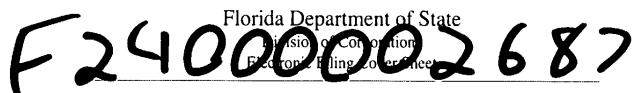
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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FOREIGN PROFIT/NONPROFIT CORPORATION

Loveunlimited, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75



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COVER LETTER

TO:		tration Section of Corpor						
SUBJ	ECT:	Loveunlimite	d, Inc.					
5000			Name of corpora	ition - mi	ist include suffix			
Dear S	ir or M	adam:						
"Certif	ficate of	Existence."	by Foreign Corporation or "Certificate of Good orporation to transact bu	Standing'	and check are sub			
Please	return a	all correspond	dence concerning this m	atter to th	e following:			
Erika A	A. Easter							
			Nam	e of Perso	n			
eMinut	les							
			Firm/	Company	,			
228 Pa	rk Ave S	S. PMB 50845						
			Α	ddress				
New Y	ork, NY	10003-1502						
			City/Sta	ate and Zi	p code			
eteam@	@eminut							
			E-mail address: (to be u	sed for fu	ture annual report r	otification)		
For fur	ther inf	ormation cor	cerning this matter, plea	ise call:				
Erika A	A. Easter		310 at () _	20-1000			
	Name	of Person	Area	Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please r		eck payable to	following amount: : FLORIDA DEPARTM 378.75 Filing Fee & Certificate of Status	□ \$78	STATE 8.75 Filing Fee & rtified 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.

•	able in Florida, enter alternate corporate name add		business in Flo	orida)		
Delaware	y under the law of which it is incorporated) 3.	26-3458006				
(State or countr 09/08/2	nno	(FEI number, if app				
(Date	of incorporation)	5(Date of duration, if other than perpetual)				
1150 Santa Mon	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 iica Blvd., Suite 600, Los Angeles, California 900	, F.S., to determine penalty liability	······································			
	(Principal office			207		
1150 Santa Mot	nica Blvd., Suite 600, Los Angeles, California 90	025	; ·	<u>-</u> -		
,	(Current mailing a	ddress, if different)	,	2		
Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	:	724		
Name:	eResidentAgent, Inc.	n.a.m.	•	9: 45		
ice Address:	115 N Calhoun St Suite 4			Ŝ		
	Tallahassee	, Florida				
	(City)	(Zip code)				

under the law of which it is incorporated.

10. 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

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS							
□ Chairman	Name: Kevin Love	Chairman	Name:				
□Vice Chairman	Address: 11150 Santa Monica Blvd.,	□Vice Chairman	Address;				
Director	Suite 600	□ Director					
■President	Los Angeles, CA 90025	□President					
□Vice President		□Vice President					
■ Secretary	Treasurer	☐ Secretary	☐T reassurer				
□ Other		□Other	Other				
□ Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	☐Vice Chairman	Address:				
Director		☐ Director					
☐President		□President					
☐Vice President		□Vice President					
☐ Secretary	☐Treasurer	☐ Secretary	☐Treasurer				
□Other	Other	□Other	□Other				
☐ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman	Address:				
Director		Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐Treasurer	☐ Secretary	☐Treasurer				
□ Other		□Other					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florida Department of State Annual Report form.							
	Signature of Director or		436.16				
The officer or direct she is aware that fall a.817.155, F.S.	tor signing this document (and who is listed in number se information submitted in a document to the Departr Kevin Love - President	11 above) affirms the	at the facts stated herein are true and that he or				

(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LOVEUNLIMITED, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOVEUNLIMITED,

INC." WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

Authentication: 203037802

Date: 03-15-24