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

SUBJECT:Dr	. Love Academy Inc. (Proposed corpor	ate name - must include suf	fix) 000031293 -02/09/0001 *****78.75	.050017
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Sonia Padilla Name (Pr	rinted or typed)		
	3519 Calloway Dr.	Address		2000 FEB
	Orlando Florida 32 City,	810 State & Zip	·	FILED RETARY OF SI
	(407) 293-8452 Daytime To	elephone number		2: 59
HORIZATION BY PHONE	NOTE: Please provide the or	iginal and one copy of	the articles.	
E 2.15.00			A. Howelf FEB	1 5 2000

2000 FEB -9 PM 2: 59 The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation. TALLAHASSEE, FLORIDA ARTICLE I The name of the corporation shall be: Dr. Love Academy Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3519 Calloway Dr. Orlando Florida 32810 <u>ARTICLE III</u> SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and Florida street address of the initial registered agent are: Sonia Padilla 3519 Calloway Dr. Orlando Florida 32810 ARTICLE V INCORPORATOR The <u>name and address</u> of the incorporator to these Articles of Incorporation are: Sonia Padilla 3519 Calloway Dr. Orlando Florida 32810 Signature/Incorporator (An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent