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P060000/8584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

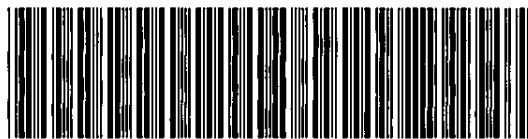
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: ESSCENTIAL BRANDS 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: Emilio Gionni  
Name (Printed or typed)

336 Friars Ln  
Address

Lake Mary, Fl. 32746  
City, State & Zip

(786)298 9866  
Daytime Telephone number

**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:

ESSCENTIAL BRANDS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

336 FRIARS LN  
LAKE MARY FL. 32746

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

wholesale and retail of perfumes, cosmetics, health and beauty

## ARTICLE IV SHARES

The number of shares of stock is:

1000 @ \$1.00

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

EMILIO GIONNI - PD  
336 FRIARS LN  
LAKE MARY FL 32746

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

EMILIO GIONNI  
336 FRIARS LN  
LAKE MARY FL. 32746

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EMILIO GIONNI  
336 FRIARS LN  
LAKE MARY FL. 32746

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent

02/01/06

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

02/01/06

\_\_\_\_\_  
Date

FILED  
08 FEB - 6 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA