Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA PROFIT/NON PROFIT CORPORATION **LOVE SAFARI INC**

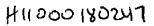
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7/13/2011



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	NAME LOVE SAFARI INC corporation shall be:				
ARTICLE II	PRINCIPAL OFFICE Principal street address 1501 NE 191 STREET #420 C MIAML EL 33179	,	Mailing address, if different is:		
•	IMIONIC, L SST/R				
ARTICLE III	PURPOSE				
	which the cornoration is organized is:				
ANY AN	D ALL LAWFUL BUSINESS				
ARTYCLE IV The number of sh	SHARES pares of slock is:1000 @ 1.00				
ADWINE U	INITIAL OFFICERS AND/OR DIRECTO	npe			
Name and	Title:PRESIDENT-CAROLINA HOYOS	3_ Name	and Title:		
Address:	1501 NE 191 STREET #420 C	Addre	se:		-
	MIAMI, FL 33179				
	<u></u>		-		
	Title: SECRETARY-CAROLINA HOYO)S Name	and Title:		
Address:	1501 NE 19 L STREFT # 420 C MIAMI, FL 33179	Addre			
			_		
Name and	Title: TREASURFR-CAROLINA HOYO	⊃© Nama	and Title:		
Address:	1501 NF 19 STREET # 420 C				
	MIAMI, FL 33179		· · · · · · · · · · · · · · · · · · ·		 -
			_		
	REGISTERED AGENT				
The <u>name and Fl</u> Name:	lorida street address (P.O. Box NOT acceptable) CAROLINA HOYOS	of the regis	stered agent is:		
Address:	1501 NE 19 STREET # 420 C.			**	21
	MIAMI, FI 33179			FÖ	2011
ARTICLE VII	INCORPORATOR			>	£ ""
	ddress of the Incorporator is:				مستدرن
Name:	CAROLINA HOYOS			ä	ω ∮™·····
Address:	1501 NE 19 LSTREET # 420 C MIAMI, 33179			4.1	
Havina kaon na	med as registered agent to accept service of proc	 wee for the	ahove stated carne		31
this certificate, I	am familiar with and accept the appointment us r	egistered a	gent and agree to a	ct in this capacity	*.>
Da. P	a Harad			2 ")	<u>~</u>
mone	Required Signature/Registered Agent			7-13-11	
				Date	
Accommonded the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	ire true. I e ony as prov	im aware that the jided for in s.817.15	false information submit S, F.S.	ted in a
^ 4·	Required Signature/Incorporator	· • - • • • • • • • • • • • • • • • • •			
Caroline	LU. Tryon	_ _		7-13-11 Date	
	Required Signature/Incorporator	,		Date	
			4110	OO 1822	~
				- 0 180 200	· }

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