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| (Rec | juestor's Name) | |
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| (100 | | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Pue | iness Entity Nan | 200 |
| euaj | iness Entity Nan | ne, |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: I LO | ve Oils, Inc. | 4 - | |
|----------------------|--|-------------------------------------|--|
| SUBJECT. | | TE NAME – <u>MUST INCI.</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | d 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 |
| | <i>:</i> | ADDITIONAL CO | |
| | usan M. Bagwell Name B62 Jonas Road | e (Printed or typed) | |
| <u> </u> | " | Address | |
| F | ort Myers, FL 339 | | |
| | City, | State & Zip | |
| 58 | 36-604-3500 | | |
| | Daytime T | elephone number | |
| St | usie@iloveoils.com | | |
| | E-mail address: (to be use | d for future annual report | notification) |

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 II PRIN | on shall be: I Love Oils, Inc. | | 生态 星 |
|-------------------------|---|---|--|
| | Deimoino) etweet oddeoor | | |
| 7362 Jonas Ro | Principal <u>street</u> address |] | Mailing address, if different is: |
| | | | ————————————————————————————————————— |
| Fort Myers, FL | . 33967 | | 9: 1. |
| | | | a T |
| ARTICLE III PURP | ose e corporation is organized is: any and | l all lawful | business |
| he purpose for which th | e corporation is organized is: | | |
| | LULE LINEAR DE LA CONTRACTION | | |
| | | <u> </u> | |
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| | | | the territory of the second se |
| | IAL OFFICERS AND/OR DIRECTORS | | Peter G. Bagwell |
| | Susan M. Bagwell | | Vice President |
| | President/Treasurer/Secretary | Address: | |
| | 7362 Jonas Road | | 7362 Jonas Road |
| | Fort Myers, FL 33967 | | Fort Myers, FL 33967 |
| Name and Title: | | Name and Title | |
| | | | |
| Address _ | | Address: | - LINAWU-1 |
| - | | | |
| - | | | |
| | | | |
| Name and Title:_ | | Name and Title | : |
| Address | ······································ | Address: | |
| | | | |
| | | | |

| Name and | Title: | Name and Title: | · |
|--------------------|--|--|---|
| Address | | Address: | , |
| | | | |
| | | - | |
| ARTICLE VI | REGISTERED AGENT | | |
| | prida street address (P.O. Box NOT acceptable) o | f the registered agent is: | 14 |
| Name: | Susan M. Bagwell | _ | |
| Address: | 7362 Jonas Road | _ | |
| | Fort Myers, FI 33967 | _ | |
| | | | |
| ARTICLE VII | INCORPORATOR | | ORE TAIL |
| The name and add | dress of the Incorporator is: | | |
| Name: | Susan M. Bagwell | _ | |
| Address: | 7362 Jonas Road | _ | |
| | Fort Myers, FL 33967 | | |
| I submit this docu | ed as registered agent to accept service of proces m familiar with and accept the appointment as re Required Signature/Registered Agent ament and affirm that the facts stated herein are department of State constitutes a third degree felor | gistered agent and agree to act in thi | S capacity Date |
| Ino | Required Signature/Interportator | Ql | 1-1-14 Date |
| State of County | f Florida Of Lee | | |
| | to (or affirmed) ar | | |

GAIL J. DAVIS
MY COMMISSION # FF 003931
EXPIRES: May 25, 2017
Bonded Thru Budget Notary Services