

P 16000005188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

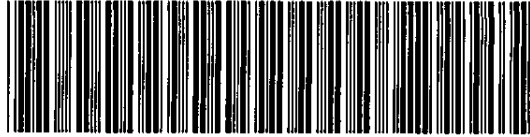
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DEPT OF STATE
TALLAHASSEE FLORIDA

01/20/16

COVER LETTER

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

SUBJECT: Massusie, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: Susan M. Bagwell
Name (Printed or typed)

7362 Jonas Rd.
Address

Fort Myers, FL 33967
City, State & Zip

(586) 604-3500
Daytime Telephone number

susie@iloveoils.com
E-mail address: (to be used 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 I NAME

The name of the corporation shall be: Massusie, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17030 Alico Commerce Ct.
Suite #303
Fort Myers, FL 33967

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Massusie, Inc. is
organized to facilitate the business of
providing education about essential oil uses,
and any other lawfully related business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suzan M. Baywell, President

Name and Title: Peter G. Baywell, Vice Pres.

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Susan M. Bagwell
 Address: 7362 Jones Rd.
Fort Myers, FL 33967

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan M. Bagwell
 Address: 7362 Jones Rd.
Fort Myers, FL 33967

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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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

Susan M. Bagwell _____ 1/4/2016
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Susan M. Bagwell _____ 1/4/2016
 Required Signature/Incorporator Date