

PI6000025749

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

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03/15/16--01007--006 **87.50

MAR 14 2016

S. PRATHER

COVER LETTER

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

SUBJECT: Rankin Essentials, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: John Rankin
Name (Printed or typed)

5807 Palmetto Drive
Address

Fort Pierce, FL 34982-3220
City, State & Zip

772-834-7998
Daytime Telephone number

jp@slptherapyinc.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: Rankin Essentials, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5807 Palmetto Drive

Fort Pierce, FL 34982-3220

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to educate consumers about essential oils, and to offer opportunities to purchase oils through other third party agents as a Young Living Essential Oils Independent Distributor.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amber Rankin, President

Name and Title: John Rankin, Vice President, CFO

Address 5807 Palmetto Drive

Address: 5807 Palmetto Drive

Fort Pierce, FL 34982-3220

Fort Pierce, FL 34982-3220

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

APPROVED
AND
FILED

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: John Rankin _____

Address: 5807 Palmetto Drive _____

Fort Pierce, FL 34982-3220 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: John Rankin _____

Address: 5807 Palmetto Drive _____

Fort Pierce, FL 34982-3220 _____

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TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 7, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

3/4/2016

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.

Required Signature/Incorporator

3/4/2016

Date