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(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



APR 0 6 2016 T. SCOTT



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SECRETARY OF STATE OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2016

ABIGAIL C EXNER 252 NW 69TH ST BOCA RATON, FL 33487

SUBJECT: LOVE & FLOUR INC Ref. Number: W16000019737

We have received your document for LOVE & FLOUR INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 916A00005448

Tyrzone Scott 850-245-6805

16 MAR 31 AN 8: 48

COVER LETTER

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

SUBJECT: Love &	Flour Inc		
SUBJECT.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles 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
		ADDITIONAL CO	PY REQUIRED
FROM:	gail C Exner Nam NW 69th St	e (Printed or typed)	
		Address	
Вос	a Raton FL 33487		
	City,	State & Zip	
561-	-988-5813		
	Daytime T	elephone number	······································
Abb	yChristineE@gmail.com		
	E-mail address: (to be use	d for future annual report i	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)

ICCLUII I I I I I I I I I I I I I I I I I I	<u>CIPAL OFFICE</u>		
•	Principal street address	Mailing addre	ess, if different is:
NW 69th St	······································	 	<u>,</u>
a Raton FL 33487	· · · · · · · · · · · · · · · · · · ·	··· · · · · · · · · · · · · · · · · ·	······································
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Name a	and Title:	Name and Title:
Addre	SS	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	his of the majetaned egent in
the dame and	Abigail Exner	or the registered agent is.
Name:	Abigaii Exilei	
Address:	252 NW 69th St	
	Boca Raton FL 33487	
ADDICE DE	TRICORDOR AMOD	
AKTICLE VII	<u>INCORPORATOR</u>	
The name and	address of the Incorporator is:	
Name:	Abigail Exner	
Address:	252 NW 69th ST	
	Boca Raton FL 33487	
ARTICLE VII	I EFFECTIVE DATE:	
Effective date,	if other than the date of filing:	. (OPTIONAL)
(If an effective days after the		cannot be more than five business days prior or 90 business
	ate inserted in this block does not meet the appl a effective date on the Department of State's rea	icable statutory filing requirements, this date will not be listed as cords.
Having been n this certificate,	amed as registered agent to accept service of p I am familiar with and accept the appointment	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
alean	1091	02/13/16
-waju	Required Signature/Registered Age	
I submit this d	ocument and affirm that the facts stated here to Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.
al lea De	10 91	02/13/16
Rec	Quired Signature/Incorporator	Date
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