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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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I. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2016

MARNI TICE 7714 LA MIRADA DRIVE BOCA RATON, FL 33433

SUBJECT: PS I LUV U, INC. Ref. Number: W16000063890

We have received your document for PS I LUV U, 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 document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 516A00021501

COVER LETTER

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

SUBJECT:		V, ING te name – <u>must incl</u>	UDE SUFFIX)	<u>. </u>
Enclosed are an orig	inal and one (1) copy of the art	cles of incorporation an	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	PAID
FROM:		TCE (Printed or typed)		,
	7714 L	A MIRAOA Address	Delvis.	
		FTDN E State & Zip	33433	
	561 9	29 1145 elephone number		
	Sunangels E-mail address: 40 he user	O yahoo cor	notification)	

NOTE: Please provide the original and one copy of the articles.

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

SUBJECT: PS I LUV U, Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: θ \$70.00 θ \$78.75 θ \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

FROM: Marni Tice 7714 La Mirada Drive Boca Raton, Florida 33433 561.929.1145

Perfect support suppor

Perfect Set ILUVU. Com

E-mail address: Sunangels@yahoo.com

ARTICLE I NAME PS I Luv U, Inc.

ARTICLE II PRINCIPAL OFFICE 7714 La Mirada Drive Boca Raton, Florida 33433

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To make comfortable custom designed bras and bra covers

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marni Tice, President

Address Address: 7714 La Mirada Drive, Boca Raton, Florida 33433

ARTICLE VI REGISTERED AGENT

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

Name: Marni Tice 7714 La Mirada Drive Boca Raton, Florida 33433

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Marni Tice
7714 La Mirada Drive
Boca Raton, Florida 33433

ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:

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 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 Date

Marni Tice

10/17/16 In-Cto live