Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
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FLORIDA PROFIT/NON PROFIT CORPORATION L.I. PROFILES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

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: | 3. |
|----------------------------------------------------------------------------|-----------------------------------|
| ARTICLE II PRINCIPAL OFFICE Principal street address | Mailing address, if different is: |
| 11538 CORONODO WAY | 11538 CORONODO WAY |
| NAPLES FL. 34120 | NAPLES FL. 34120 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| To conduct all activities set forth and permitted under ar | nd Florida corporation law |
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| | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECT SUSAN VINCENNIE | چىرى ئاسى |
| Name and Title: 11538 CORONODO WAY | Name and Title: |
| Address NAPLES FL. 34120 | Address: |
| NATLES FE. 34120 | |
| | |
| Name and Title: | Name and Title: |
| Address | Address: |
| | |
| | |
| | |
| Name and Title: | Name and Title: |
| . Address | Address: |
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| Name an | d Title: | Name and Title: | - |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------|
| Address | | Address: | |
| | | | · |
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| | | | |
| ARTICLE VI | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o | f the registered agent is: | |
| Name: | SUSAN VINCENNIE | | |
| Address: | 11538 CORONODO WAY | • | |
| | NAPLES FL. 34120 | <u>.</u> | |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | | |
| The name and i | address of the Incorporator is: | | |
| Name: | SUSAN VINCENNIE | <u> </u> | 2 906 ** |
| Address: | 11538 CORONODO WAY | · · · · · · · · · · · · · · · · · · · | |
| | NAPLES FL. 34120 | <u> </u> | |
| | EFFECTIVE DATE: | | |
| Effective date, i (If an effective days after the | if other than the date of filing: date is listed, the date must be specific and cann filing) | (OPTIONAL) of be more than five business da | ys prior or 90 business |
| Note: If the da | te inserted in this block does not meet the applicable effective date on the Department of State's records. | e statutory filing requirements, thi | s date will not be listed as |
| Having been no this certificate, | amed as registered agent to accept service of proces I am familiar with and accept the appointment as re | ss for the above stated corporation gistered agent and agree to act in | this capacity |
| $\times \Delta$ | V | · · · · · · · · · · · · · · · · · · · | 11-15.22 |
| l submit this d | Required Signature/Registered Agent ocument and affirm that the facts stated herein are | e true. I am aware that the false | Date information submitted in a |
| document to the | e Department of State constitutes a third degree felo | ny as provided for in s.817.155, F | 11-15-4 |
| x & | | · · · · · · · · · · · · · · · · · · · | Date |