

LYNNE JOHNSON
REGISTER OF DEEDS
BY: CARLA B FLEMING, DPTY

BK: RE 3759 PG: 1329-1329

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

1.	The assumed business name is:
	Elove's Home Health caregiving Services/ E Love's Wellness
	Services & Boutique / E Loue's wellness skincare Services
	(You may include no more than five (5) assumed business names on this form.)
2.	The real name of the person or entity engaging in business under the assumed business name is: Elove's Body 4 U studio LLC, 201154538 Em 2173557
	(Corporations, LLC's, limited partnerships must provide the <u>exact</u> name registered with the NC Secretary of State's office and the <u>SOSID number</u> assigned at the time of formation. Go to <u>www.sosnc.gov/br/search</u> to look up your information.)
3.	The nature/type of the business is: Skin care / boutique / wellness
4.	The street address of the principal place of business is: (PO Boxes are not acceptable)
	4246 Keridail Farms way winoton Solem NC
5.	The mailing address, if different from the street address, is: 339 Chapte Drive Lexington NC 27295 APT B
6.	The counties where the assumed business name will be used to engage in business are:
	All 100 North Carolina counties
	This certificate is signed by the owner/legal representative of the person or entity named above, this $0 > 20 $ day of $20 $ $20 $ $20 $ $20 $ $20 $
	Signature:
	Printed/Typed Name: Eric McLeon
	Title: Manager of E Love's Body 4 U Studio LLC, (See instructions for who must sign for various business entity types.)

Original to: _ 5000, Moleral