L16000/88479

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE FLORIDA

m, 10/12/16

COVER LETTÉR

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Loving Studios, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chad A. Loving Name of Person
Loving Studios, LLC Firm/Company
J Firm/Company
6220 W. Thonorosassa Road
Address
Plant City, FL 33565 City/State and Zip Code loving Studios. Ilc Egmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chad Loving at (813) 545 9518 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Loving Studios,	LLC		
(Must end with the words "Limited L	iability Compa	ny, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limit	ed Liability Company is:	
Principal Office Address:		Mailing Address	<u>s</u> :
Mant Cuty, FL 33565		0220 W. Thomotosas Plant City, FL 3356	ssa Road
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agents.	egistered Agen		idua De Socialis de Companyo d
Chad Lovi	!NP		SER -
1	Name		AH 10: 30 OF STATE EFLORID
6220 W-Thon	otosassa	Road	5 5 3
Florida street address (P.O. Box <u>NOT</u>	acceptable)	QA E
Plant City	FL	33565	
City	State	Zip	
Having been named as registered agent and to accept service place designated in this certificate, I hereby accept the appoin further agree to comply with the provisions of all statutes rela	itment as regist	ered agent and agree to act in	this capacity. I

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager $\mathcal{M}(\mathcal{J})$	Abad I cano
<u> </u>	6220 W. Thorotosassa Road
	Plant City E1 33565
	Twin Cary I to 35000
	11.00
	- · · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary) CLE V: Effective date, if other than the	date of filing: October 7, 2016 (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.)	date of filing: October 7, 2016 (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be I
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-