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*Superior Paralegal Services*

7156 W. 127<sup>th</sup> Street, Suite #151  
Palos Heights, IL 60463

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 27 AM 8:23

November 22, 2000

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

800003476268--4  
-11/27/00--01124--021  
\*\*\*\*310.00 \*\*\*\*155.00

**RE: ARTICLES OF ORGANIZATION**

**LOVE UNLIMITED, LLC  
UNLIMITED JOY, LLC**

Dear Sir/Madam:

Enclosed are the **Articles of Organization**, for the above-referenced limited liability companies, together with one check in the amount of \$310.00 to cover the filing and the certified copy fees.

Please file in your office and return the confirmation of filing to:

**Superior Paralegal Service  
Attn: Karen Ritter  
7156 W. 127<sup>th</sup> Street, Suite #151  
Palos Heights, IL 50463**

Thank you for your attention to this matter. If you have any questions, please call 708-974-3232.

Sincerely,

*Karen Ritter*  
Karen Ritter

Enclosures

Name	
Availability	
Document Examiner	<i>Ull</i>
Updater	
Updater Verifier	
Acknowledgement	
N. P. Verifier	

*Ull*  
FL LLC  
FF \$125  
CC 30  
*Ull*  
11/30

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LOVE UNLIMITED, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

29654 CONSTITUTION AVENUE, BIG PINE KEY, FL 33043

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

NANCY L. MCDANIEL


29654 CONSTITUTION AVENUE

Florida street address (P.O. Box **NOT** acceptable)  
BIG PINE KEY FL 33043

City, State, and Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NANCY L. MCDANIEL

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)