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TRANSMITTAL LETTER

	stration Section sion of Corporations
SUBJECT:	MIKE LOVE, 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:
	MIKE LOVE
	(Name of Person)
•	(Firm/Company)
	2510 CABBAGE HAMMOCK RD
	(Address)
	ST. AUGUSTINE, FL 32092-0556
	(City/State and Zip Code)
For further in	formation concerning this matter, please call:
MI	(Name of Person) at (904) 824-9793 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

MIKE	LOVE, LLC			<u> </u>	- -	
ARTICLE II - A The mailing addre	ddress: ess and street address of t	he principal o	ffice of the	Limited Lia	ability Co	npa
Principal Office	Address:		Mailing A	ddress:		
2510 C	ABBAGE HAMMOC	K RD.	(SAME	·)	
ST. AUGUS	TINE, FL 320	92-0556			•	
				**	····	_
4 TO TO THE TO THE T	Registered Agent, Regist	tered Office	& Register	ed Agent's	Signatur	
		•			· ~	e:
	Florida street address of	•		.	~~~	e:
		the registered		3		e:
	Florida street address of MIKE Lo	the registered	agent are:	_		e:
	Florida street address of MIKE LO 2510 CABB	the registered VE Name AGE HA	agent are:	_		e:
	Florida street address of MIKE LO 2510 CASS Florida street address	the registered VE Name AGE HA SS (P.O. Box NO	AMOCK T acceptable)	<i>R</i> b.		e:
	Florida street address of MIKE LO 2510 CABB Florida street address 57. AUGUS	the registered VE Name AGE HA IS (P.O. Box NO TINE, FLO	AMOCK T acceptable)	<i>R</i> b.		e:
The name and the	Florida street address of MIKE LO 2510 CABB Florida street address 57. AUGUS City, S	the registered VE Name AGE HA IS (P.O. Box NO TINE FLO State, and Zip	AMACK Tacceptable)	Rd.	<i>ک</i> کک	
The name and the	Florida street address of MIKE LO 2510 CABB Florida street address 57. AUGUS City, S istered agent and to accep	the registered VE Name AGE HA IS (P.O. Box NO TINE FLO State, and Zip ot service of pr	AMACK Tacceptable) RIDA 3 occess for the	Rd. 2092-	ے کی ہے ted limited	liab
The name and the g been named as reg any at the place design o act in this capacity	Florida street address of MIKE LO 2510 CABB Florida street address ST. AUGUS City, S istered agent and to accept mated in this certificate, I I further agree to comple	the registered VE Name AGE HA IS (P.O. Box NO) TINE State, and Zip out service of property acceptly with the property.	AMOCK T acceptable) RIDA Occess for the the appoint visions of all	RD. 2092 e above statement as registatutes rea	eSS & ted limited gistered ag lating to th	lial ent
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The name and the g been named as reg any at the place design act in this capacity omplete performance	Florida street address of MIKE LO 2510 CABB Florida street address Florida street address City, S city, S istered agent and to accept gnated in this certificate, I I further agree to complete of my duties, and I am fail	the registered VE Name AGE HA as (P.O. Box NO TINE State, and Zip ot service of pr hereby accept y with the provimiliar with an	AMMOCK T acceptable) Occess for the the appoint visions of all d accept the	Rd, 2092 e above statement as registatutes resolligations	eSS & ted limited gistered ag lating to th	lial ent

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member MGR MIKE Love, // 2510 CABBAGE HAMMO ST. Augustine, FL 3207 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

ARTICLE IV- Manager(s) or Managing Member(s):

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

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of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

MIKE LOVE

that the facts stated herein are true.)