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100-4153

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	LOVE Tex (Name of Limite	Company d Liability Company)	, LLC	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
-	Joshy	Name of Person))	_
		(Firm/Company)		
	21 Gario	(Address)		
	Tequesta	(Address) FL 33469 (State and Zip Code)	9	
For further information	concerning this matter, please		SECRE	2006 HAY
Name (Name	of Person)	at (<u>S61</u>) <u>301</u> -	elephone Number)	
•	or the following amount:		OF ST	FILED
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing The Certificate of Status & Certified Copy (additional copy is enclosed)	e, 8 k
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
LOVE TEX COMPANY, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
27 Oakland Ct. 27 Oakland Ct. Tequesta, FL 22469
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature of the Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Joshua Escoto TRAVETO, FL 33469
MGRM	Christy Escoto 27 OAK AND CT TOPUNGTO, FL 23469
(Use attachment if necessary)	TALL 2006.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than five business da
REQUIRED SIGNATURE:	PM 3: 02 OF STATE E. FLORIDA
Signature of a nember	or or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
of this document constitute that the facts stated h	nerein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)