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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO:	Registration Sec Division of Cor				
SUBJ	ECT: Lovelay	, LLC. (Name of Limite	d Liability Comp	any)	
		Organization and fee(s) are s			
	Natalie Mur	_			
		(	Name of Person)		
	Lovelay, LL				
		•	(Firm/Company)		
	600 NE 36th Street, Suite T4				
			(Address)		
	Miami, FL	33137			
	Wilding 1 L		/State and Zip Cod		
		(-1.5		-,	
For fu	rther information o	oncerning this matter, please	call:		
Nata	lie Munoz		at (954	805-738	1 elephone Number)
	(Name	of Person)	(Area Coo	ie & Daytime To	elephone Number)
Enclo	sed is a check fo	r the following amount:			
<b>☑</b> \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 F Certified Cop (additional copy		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	courier Addression Section of Corporatio Building countive Center see, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lovelay, Limited Liability Company  (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 Co	mpany is:			
Principal Office Address:	Mailing Address:	·			
600 NE 36th Street, Suite T4	600 NE 36th Street, Suite T4				
Miami, FL 33137	Miami, FL 33137	_			
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signatur	re:			
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the National Nation	egistered Agent. You must designate an individual or anoth ne registered agent are:	SECRETARY OF STATE OIVISION OF CORPORATE OT MAR 12 PMII: 5			

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

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

The name and address of each Manager or Managing Member is as follows:

Tide:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Katherine Munoz		
	3300 NE 192nd Street, #1806		
	Aventura, FL 33180		
MGRM	Gabriela Jimenez		
	11300 NW 54th Ter.		
	Miami, FL 33178		
MGR <b>M</b>	Carlos A. Sanchez		
	11300 NW 54th Ter.		
	Miami, FL 33178		
MGR <b>!</b> ∕\	Francisco M. Gutierrez		
	600 NE 36th Street, Suite T4		
	Miami, FL 33137		
(Use attachment if necessary)	E ATTACHMENT		
	e date of filing: (OPTIONAL)		
ffective date is listed, the date must l	be specific and cannot be more than five business days prio		
days after the date of filing.)	•		
REQUIRED SIGNATURE:	_		
, Mala	FRIDA CO		
1 XX WX WX	LHVW X		
Signature of a memb	er or an authorized representative of a member.		
(In accordance with se	ection 608.408(1), Florida Statutes, the execution		
of this document cons	stitutes an affirmation under the penalties of perjury		
that the facts stated	herein are true.)		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

APTICLE IV - LOVELAY, LIC.

MARM

Matalle Munoz 600 NE 36th St , # T4 MIami, FL 33137