## 108000032247

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:

Office Use Only



900121413559

03/28/08--01019--023 \*\*160.00

DIVISION OF COR.

J. BRYAN

MAR 3 1 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ACTS OF 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:
BRIAN MURLEY
(Name of Person)
ACTS OF LOYE ILC.
(Firm/Company)
9975 UNIVERSITY PRWY #56
PENSACOLA FL 32514  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
DDIANI MINISTER
BRIAIN MURLEY at (850) 218-0386
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Status}\$\$  Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$  Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division 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:

ACIS OF LOVE LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
9975 UNIVERSITY PLWY #56 PENSACOLA FL 32514 PENSACOLA FL 32514 PENSACOLA FL 32514
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    April
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 (REQUIRED)

<u>Title:</u> "MGR" = Man "MGRM" = M	nager anaging Member	Name and Address:
MGR		BRIAN MURLEY 9975 INNIVERSITY TKWY #56 PENSACOLA FL 32514
		08 MA
LE V: Effective date is	listed, the date must	ne date of filing: (OPTIONA be specific and cannot be more than five business day
LE V: Effective factive date is days after the	e date, if other than the	ne date of filing: (OPTIONA
LE V: Effective factive date is days after the	e date, if other than the listed, the date must date of filing.)	ne date of filing: (OPTIONA
LE V: Effective factive date is days after the	e date, if other than the listed, the date must date of filing.)	ne date of filing: (OPTIONA
LE V: Effective factive date is days after the	ve date, if other than the listed, the date must date of filing.)  SIGNATURE:  Signature of a mem  (In accordance with:	ber or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury

4 34

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)