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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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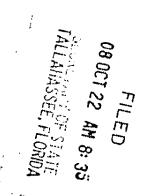


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DIVISION OF COMPONATIONS
TALL ZHRSSEE, FLORIDA

RECEIVED



B. KOHR

OCT 23 2008

EXAMINER



ACCOUNT NO. : 072100000032	
REFERENCE: 764490 7673934	
AUTHORIZATION :	
COST LIMIT: \$ 125	
ORDER DATE : October 21, 2008	08 OC
ORDER TIME : 2:53 PM	122
ORDER NO. : 764490-001	SCHOOL SE
CUSTOMER NO: 7673934	FLOG 3
DOMESTIC FILING	•
NAME: LOVE THAT GOLD, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Harry B. Davis - EXT. 2926	
EXAMINER'S INITIALS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
LOVE THAT GOLD, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15 Paradise Plaza	Same
#117	
Sarasota,FL 34239	
business entity with an active Florida registration.) The name and the Florida street address of t Corporation Service No. 1201 Hays Street	= <u> </u>
	a address (F.O. Box NOT acceptable)
Tallahassee City, Sta	FL 32301 ate, and Zip
liability company at the place designated registered agent and agree to act in this capastatutes relating to the proper and complet	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

BY: /s/ Harry B Davis

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

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

MGRM	RAEANNE MALONE
	15 PARADISE PLAZA #117 SARASOTA ,FL 34239
MGRM	CATHERINE ELLIS
	Same as above
Use attachment if necessary)	
E V: Effective date if other than th	e date of filing: (OPTIO

REQUIRED SIGNATURE:

/s/ RAEANNE MALONE

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.)

RAEANNE MALONE

Typed or printed name of signee

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)