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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status · · · ·
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
AHASSEE, FLORID,

M. THOMAS

OCT 2 2009

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	LOVE C	ONSTRUCTION	J. LLC
		d Liability Company	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
JA	MES P. LOVE		
	1	Name of Person	
	VE CONSTRU	CTION	
		Firm/Company	7100
596	LESLIE LEWIS	ROAD	500 下
		Address	ASS -
HAVA	FNA, FL 323 City. E-mail address: (to be used for	33	ASSEE, FLORIB
	City	/State and Zip Code	STA STA
Jp love	e @ earth link, E-mail address: (to be used fo	ne十 r future annual report notification)	20 THE TO
	n concerning this matter, please		
JAN	nES LOVE e of Person	at (850) 510-	8239
Nam	e of Person	Area Code & Daytime 16	elephone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2009

JAMES P LOVE 596 LESLIE LEWIS ROAD HAVANA, FL 32333

SUBJECT: LOVE CONSTRUCTION LLC

Ref. Number: W09000042622

We have received your document for LOVE CONSTRUCTION LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$130.00.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please catter (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 709A00031131

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LOVE CONSTRU	ICTION LLC ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
596 LESLIE LEWIS RD. HAVANA, FL 32333	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registre business entity with an active Florida registration.)	SAP - M
The name and the Florida street address of the re	
JAMES P	LOVE SEE 5
596 LESLIE LER Florida street address (P.O.	
HAVANA City, State, ar	<u>FL 32333</u> nd Zip
Having been named as registered agent and to a	accept service of process for the above stated limited

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)

Page 1 of 2

ARTICLE	IV-	Manager(s)	or Man	aging	Member((\mathbf{s}))
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>mGRm</u>	RITA F. LOVE 596 LESLIE LEWS RD HAVANA, FL 32333
(Use attachment if necessary)	FILE SOCT -1 ECORETAR SOCT -1
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be specto or 90 days after the date of filing.)	of filing: (OPPFONAL) cific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Low Land representative of a member
(In accordance with section 6	n authorized representative of a member. 08.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury e true.)
TA me Typed or Filing Fees:	printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)