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Effective Date 01/01/11

FILEDS
SECRETARY OF STATE
DIVISION OF CORPORATION

16 OCT 24 AN 11:00

T. HAMPTON

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT: Los	ving Creations Do	oula Services LLC led Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
<u>.</u>	ZERE	SH A LTORK Name of Person	
	Loving Creati	ons Doula Service Firm/Company	o, LLC
	2663	SE 28 th Cir.	
		Address N Blach, FL Ty/State and Zip Code	3543S
		•	
	E-mail address: (to be used	hotmail.com for future annual report notification)	
For further information	concerning this matter, please	e call:	
ZER 65H Name	ALTORIA of Person	at (5761) 843 (615	phone Number
Enclosed is a check f	or the following amount:	·	
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Effective Date Ol Ol 11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Loving Creations Doula Services, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
✓ (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the p	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2663 SE 28th Cir. Boynton Beach, FL 33435	SAME			
Boynton Beach, FL 33435				
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)				
The name and the Florida street address of the	registered agent are:			
2 marcu A	UTDOV			

Name

2663 SE 28th Cir.

Florida street address (P.O. Box NOT acceptable)

Boynton Black, FL 33435

City, State, and Zip

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)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE SECRETARY OF CORPORATIONS

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Zeresh Altork 21003 SE 28th en. Boynton Beach, A. 33435
(Use attachment if necessary)	
	n the date of filing: / / / 2011 . (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a m	Bushaltore ember or an authorized representative of a member.
(In accordance wi	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury and herein are true.)
	Zeresh Altork Typed or printed name of signee 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

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)