## L11000145567

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
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Special Instructions to Filing Officer:	
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**EXAMINER** 



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SECTIONS OF CONTROL STATE STAT

DIVISION OF CORPORATION

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CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 12000000195	کم
REFERENCE: 045663 11663B	~
AUTHORIZATION:	
COST LIMIT : \$ 125.00	
ORDER DATE : December 30, 2011	
ORDER TIME: 10:27 AM	
ORDER NO. : 045663-005	
CUSTOMER NO: 11663B	
DOMESTIC FILING	
NAME: LOTS OF LOVE, 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: Susie Knight - EXT. 2956

EXAMINER'S INITIALS:



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Lots 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:
250 Worth Avenue, #4	P.O. Box 2528
Palm Beach, FL 33480	Palm Beach, FL 33480

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:

Burton Handelsm	an
	Name
250 Worth Av	enue, #4
Florida st	reet address (P.O. Box NOT acceptable)
Palm Beach	<sub>FL</sub> 33480
(	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

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

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

"MGR" = Manager "MGRM" = Managing Memb	
	per
MGR	Burton Handelsman P.O. Box 2528 Palm Beach, FL 33480
<del>, , , , , , , , , , , , , , , , , , , </del>	
(Use attachment if necessary)	
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTION must be specific and cannot be more than five business d
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:	than the date of filing: (OPTION
Tective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  Signature of the constitutes an affirmat lam aware that any factors are the constituted.	than the date of filing: (OPTION must be specific and cannot be more than five business d

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)