

L12000013735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

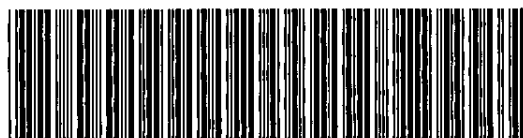
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JAN 30 2012

EXAMINER



300219231793

01/27/12--01019--023 **160.00

FILED
12 JAN 27 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 23, 2012.

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

Re: Attached forms for Articles of Organization For
Florida Limited Liability Company.

The above mentioned form(s) and check
included with this cover letter.

The check is for \$160.00.

My name and address and signature
are on pages 1 and 2 of the form(s).

Please feel free to call me if you have
any questions.

Betty L Love

BETTY L. LOVE

15854 S.W. 16TH AVE. RD.

OCALA, FL 34473.

(C) 580-763-7405 (BEST NUMBER TO CALL)

(H) 352-693-4889.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOVE AND LOVE ASSOCIATES, L.L.C.

(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:

15854 SW 16TH AVE. RD
Ocala, FL 34473

Mailing Address:

15854 SW 16TH AVE. RD
Ocala, FL 34473

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:

BETTY L. LOVE
Name

15854 SW 16TH AVE. RD
Florida street address (P.O. Box NOT acceptable)

Ocala FL 34473
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Betty L. Love
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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.

BETTY L. LOVE

15854 S.W. 16TH AVE. RD.

OCALA, FL. 34473.

MGRM.

ELIZABETH A. LOVE

9725 KERRY LANE

RICHMOND, VA. 23238

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

BETTY, L. LOVE

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)