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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT . MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			
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COVER LETTER

го:	Registration Section Division of Corporations		
SUBJECT:	LUV	-EM-ALL ACRES, LLC	
	Name o	f Limited Liability Company	
The enclosed	Articles of Organization an	d fee are submitted for filing.	
Please return	all correspondence concern	ing this matter to the following:	
	Jerry G. Sardone, Jr.		
	Name of Person 4394 – 276 th Terrace		
. <u></u>			
	Address		
	Branford, Florida 32008		
	City/State and Zip Code sehorticulture@gmail.com		
-	E-mail address: (to be used for future annual report notification)		
Enclosed herewith is a check for the following amount: \$130.00 Filing Fee &			
		Certification of Status	
Mailing Add	ress:	Street/Courier Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P. O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

OF

LUV-EM-ALL ACRES, LLC

ARTICLE I

NAME

The name of the organization is:

LUV-EM-ALL ACRES, 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:

4394 - 276th Terrace, Branford, FL 32008

P. O. Box 662, Branford, FL 32008

ARTICLE III

REGISTERED AGENT, ADDRESS AND SIGNATURE

The name and the Florida street address of the registered agent are:

Jerry G. Sardone, Jr. Name

4394 – 276th Terrace
Florida Street Address

Branford, Florida 32008
City, State and Zip Code

G. Sardone, Jr.

Having been named as registered agent and to accept service of process for the above sated 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..

ARTICLE IV

Manager

The name and address of each Manager is as follows:

Title:

Name and Address:

Manager

Jerry G. Sardone, Jr.

4394 - 276th Terrace

Branford, Florida 32008

REQUIRED SIGNATURE:

Jerry G, Sardone, Jr., Manager

(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 in s.817.155, F.S.)

Jerry G. Sardone, Jr.

STATE OF FLORIDA }
COUNTY OF Galon Beach } SS

Before me, personally appeared Jerry G. Sardone, Jr. to me well known or proven to me to be the individual described in and who executed the foregoing Articles of Organization and acknowledged before me that he executed the same for the purposes therein expressed.

Witness my hand and official seal in the County and State named above this _______, 2012.

Notary Public

My commission expires:

{SEAL}

{www/LUVEMALLACRS/032112/JG21}



