## 113000119508

(Requestor's Name)			
(Address)			
(Ad	dress)		
(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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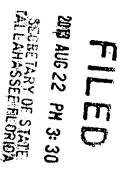
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'AUG 2 3 2013

D. BRUCE

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	T: Legacy of Love Adoption Services, LLC Name of Limited Liability Company	
The en	osed Articles of Organization and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	Leah Wild Name of Person	<del></del>
	Firm/Company	<del></del>
	9807 Bayboro Bridge Drive	_
	Tampa, Florida 334 26  City/State and Zip Code	 ••••
	E-mail address: (to be used for future annual report notification)	<u> </u>
For fur	er information concerning this matter, please call:	ו
	Name of Person at (727) 871-8008 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	C
Enclos	d is a check for the following amount:	
<b>\$</b> \$125	O Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  S160.00 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 Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
9807 Bayboro Bridge Drive Jampa, Florida 33026	9807 Bayboro Bridge Drive Tampa, Frorida 33026	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another	
The name and the Florida street address of the registered agent are:  Levi Wild  Name  Name  Name		
Tampa	ress (P.O. Box NOT acceptable)  FL 33020  Te and Zin	

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 I - Name:** 

The name of the Limited Liability Company is:

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Lean Wild 9807 Bayboro Bridge Drive Tampa, Florida 33626
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	te of filing: OCTODE 1, 2013. (OPTIONAL)  specific and cannot be more than five business days
REQUIRED SIGNATURE:	ALLAN ALLAN
Shan w	20d 25 =
Signature of a member or	an authorized representative of a member.
(In accordance with section 608.408 constitutes an affirmation under the	penalties of perjury that the facts stated herein and true:  n submitted in a document to the Department of State
Lean	wild 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)