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OCT 1 7 2014

T. BROWN

COVER LETTER

Registration Section

TO:

♦ Di	ivision of C	Corporations				
SUBJECT	. FIND L	OVE NOW BREVARD, LL	.C			
0020201		Name of Lir		ity Compan	y	
The enclose	ed Articles	of Organization and fee(s) a	re submitted	I for filing.		
Please retur	m all corre	spondence concerning this m	natter to the	following:		
	Melissa l	edesma Anderson				
			Name of	Person		
	FIND LO	VE NOW BREVARD, LLC	;			
			Firm/Co	mpany		
	734 Whit	e Pine Avenue				
			Addr	ess		
	Rockledg	e, Florida 32955				
		(City/State an	d Zip Code	· · · · · · · · · · · · · · · · · · ·	
lisaem	ns10@yah	oo.com				
		E-mail address: (to be use	d for future	annual repo	ort notificat	tion)
For further	informatio	n concerning this matter, ple	ase call:			
Melissa Le	edesma A	nderson at (_	321) 607-185	i 4	
	Nan	ne of Person	Area Cod	/		ephone Number
Enclosed is	a check fo	r the following amount:				
☑ \$125.00 Fil		\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fe ed Copy al copy is er		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Divi P.O.	ling Address istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street/Cou Registration Division of Clifton Bui 2661 Exect Tallahassed	n Section f Corporati ilding utive Cente	ons er Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2014

MELISSA LEDESMA ANDERSON FIND LOVE NOW BREVARD, LLC 734 WHITE PINE AVE ROCKLEDGE, FL 32955

SUBJECT: FIND LOVE NOW BREVARD, LLC

Ref. Number: W14000060112

We have received your document for FIND LOVE NOW BREVARD, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Yoù must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00021092

Teresa Brown
Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
FIND LOVE NOW BREVARD, LLC	
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	200 100
The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
734 White Pine Avenue	734 White Pine Avenue
Rockledge, Florida 32955	Rockledge, Florida 32955
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Melissa Ledesma Anderson	
Name	
734 White Pine Avenue	
Florida street address (P.O. Box N	OT acceptable)
Rockledge	_{FL} 32955
City	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Molioso Ladorma Anderson
AMBK	Melissa Ledesma Anderson 734 White Pine Avenue
	Rockledge, Florida 32955
	Trookioago, Frontae 02000
·	
	
V: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
EV: Effective date, if other than the date tive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
EV: Effective date, if other than the date tive date is listed, the date must be a filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
Use attachment if necessary) E.V: Effective date, if other than the date tive date is listed, the date must be a filing.) E.VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
CV: Effective date, if other than the date tive date is listed, the date must be a filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
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V: Effective date, if other than the date tive date is listed, the date must be filing.) VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a r (In accordance with section of the section	nember or an authorized representative of a member.
V: Effective date, if other than the date ive date is listed, the date must be if filing.) VI: Other provisions, if any. REQUIRED SIGNATURES Signature of a r (In accordance with section constitutes an affirmation un	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date tive date is listed, the date must be if filing.) VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a r (In accordance with section constitutes an affirmation un I am aware that any false inf	nember or an authorized representative of a member.
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EV: Effective date, if other than the date tive date is listed, the date must be if filing.) EVI: Other provisions, if any. Signature of a raccordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree fel	nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State