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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: <u>Lovelace Curb Appeal LLC</u> Name of Lir	nited Liability Company
The en	closed Articles of Organization and fee(s) a	re submitted for filing.
Please	return all correspondence concerning this m	natter to the following:
	Tyler Lovelace	Name of Person
	Owner	Firm/Company
	11735 Lane Park Rd	Address
	Tavares, FL 32778	City/State and Zip Code
	ylercws@gmail.com E-mail address: (to be use rther information concerning this matter, ple	ase call:
<u>Tyler</u>	Lovelace at (at (at (at (	352 ) 874-3158 SP
_	ocd is a check for the following amount:  00 Filing Fee   \$\sum_{\text{Status}} \preceq \text{\$\text{Status}} \text{\$\text{Certificate of Status}}	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 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 I - Name: The name of the Limited Liability Company is:		
Lovelace Curb Appeal LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
11735 Lane Park Rd Tavares, FL 32778	11735 Lane Park Rd. Tavares, FL 32778	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual of	)r
The name and the Florida street address of the registered a	agent are:	
Tyler Ray Lovelace		
Name		
11735 Lane Park Rd. Florida street address (P.O. Box)	NOT acceptable)	
Tavares	FL 32778	
City	Zip	
Having been named as registered agent and to accept serventhe place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.  Chapte	the appointment as registered agent and agree to act fall statutes relating to the proper and complete performance of my position as registered agent as provided ar 605, F.S	in this rmance For in
	HAS	
Registered Agent's Signatu		The state of
(CONTINUE Page 1 of 2	FLORIDA ED)	J

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Tyler Ray Lovelace
AMULT	11735 Lane Park Rd.
	Tavares, FL 32778
***************************************	
(Use attachment if necessary)	
LE V: Effective date, if other than the date fective date is listed, the date must be s of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
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fective date is listed, the date must be s of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a n  (In accordance with section of constitutes an affirmation under the section of the sect	nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
rective date is listed, the date must be so of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a n  (In accordance with section of constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  ormation submitted in a document to the Department of State
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ARTICLE IV-