# L18000142561

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## COVER LETTER

	New Filing Section Division of Corporations				
SUBJEC	In Love and Food LLC				
SUBJEC		Limited Liabil	ity Company	,	
The enclo	sed Articles of Organization and fee(s	s) are submitted	for filing.		
Please ret	urn all correspondence concerning this	s matter to the	following:		
	Cara Albertelli				
		Name of	Person	<del></del>	
	In Love and Food LLC				
		Firm/Co	mpany		
	6271 Key Biscayne Boulevard				
		Addr	ess		
	Fort Myers, Florida 33908				
	inloveandfood@gmail.com	City/State an	d Zip Code		
	E-mail address: (to be u	ised for future a	innual report notification)		
For further	information concerning this matter, pl	ease call:			
	Cara Albertelli	314	5838327		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed	is a check for the following amount:				
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifi	al copy is enclosed) Certified C	of Stalius &	JIVISION OF C
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	AH 8: 19 OF STATE SE, FLORIDA	TORPORATION:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u> </u>	(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE	II - Address:	
he mailing	address and street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
6	271 Key Biscayne Blvd, Fort Myers FL 33908	6271 Key Biscayne Blvd, Fort Myers FL 33908
_		· · · · · · · · · · · · · · · · · · ·
_		

Cara	LaRocca	Albertelli

Name

#### 6271 Key Biscayne Blvd

Florida street address (P.O. Box NOT acceptable)

Fort Myers	Florida	33908
City	State	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)

18 JUN -8 AM 8: 19

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	thorized Member ager		
	<del></del>		
	<del></del>		
			<del></del>
	<u>.                                    </u>		
			<del></del>
	.:6		
(Use attachmer	it ii necessary)		
LE V: Effective	date, if other than the da	te of filing: (OPTIONAL pecific and cannot be more than five business days prior to	.) o or 90 days a
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### 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)