

L18000 250 102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

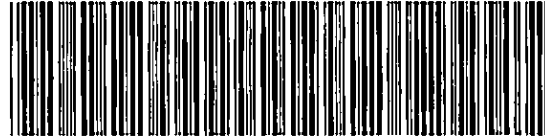
(Document Number)

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OCT 26 2018



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10/24/18--01005--025 **125.00

18 OCT 24 PM 2:00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lovebomb Productions, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela D. Williams
Name of Person
Lovebomb Productions, LLC
Firm/Company
7643 Gate Pkwy, Ste. 104-150
Address
Jacksonville, FL 32256
City/State and Zip Code
angeladwilliams@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela D. Williams 912 322-9696
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Angela D. Williams

7643 Gate Pkwy, Ste. 104-150

Jacksonville, FL 32256

(Use attachment if necessary)

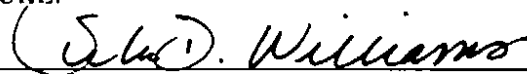
ARTICLE V: Effective date, if other than the date of filing: 10/20/18. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Angela D. Williams

Typed 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)

18 OCT 24 PM 2:00

**New Filing Section
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314**