

L19000 111300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

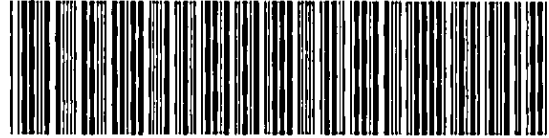
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Melinda **GAVE**  
AUTHORIZATION BY PHONE TO  
CONTACT Ambr  
DATE 5/1/19  
WILL EXAM \_\_\_\_\_

Office Use Only



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04/06/19--01030--016 \*\*155.00

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2019 MAY -1 PM 3:42  
CLERK OF STATE  
CIT. HABESSE, T. 1000

N CULLIGAN

MAY 1 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Love + Light Legacy 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:

Benjamin J Brown  
Name of Person

Love + Light Legacy LLC  
Firm/Company

4611 east 29th ave 33605, Tampa Florida  
Address

Tampa Florida 33605  
City/State and Zip Code

Brown Benjamin 871@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin J. Brown at ( 612 ) 601-2659  
Name of Person Area Code 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2019

BENJAMIN J BROWN  
4611 EAST 24TH AVE  
TAMPA, FL 33605

SUBJECT: LOVE & LIGHT LEGACY LLC  
Ref. Number: W19000037420

We have received your document for LOVE & LIGHT LEGACY LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Melinda's last name is not legible.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 719A00007636

Afalava

P.O. Box

3553 Atlantic Ave A-153  
Long Beach Ca 90807

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Love & Light Legacy LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4611 East 29th Ave Tampa FL 33605

4611 East 29th Ave Tampa FL 33605

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Benjamin J. Brown

Name

4611 East 29th Ave.

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

Tampa Florida 33605

City

State

Zip

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HALL COUNTY, FLORIDA

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.

Benjamin J. Brown

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

ambr

**Name and Address:**

Benjamin J. Brown

4611 East 24th Ave.

Tampa FL 33605

Melinda Alalawa

4611 East 24th Ave.

Tampa FL 33605

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 2, 2019 (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:**

Benjamin J. Brown

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.  
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.

Benjamin J. Brown

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)

2019 MAY -1 PM 3:42  
DEPT. OF STATE  
TAMPA, FL 33604

FILED