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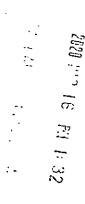
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: A Taste W	1PH Lot's Of Love imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Lesemb R?	Name of Person
5970 Blo	untstown Highway
Ι Ι Δ.	City/State and Zip Code
taste of love and p	d for future annual report notification)
For further information concerning this matter, pleas	se call:
esembra Philipps at (Nrea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> New Filing Section Wision of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building
Tallahassee, F1, 32314	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:	
A Taste With Lots Of Love LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")	
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: 5970 Blantstan Huy 5970 Blountstan Tallahassee FC 32310	H
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: Arry Dryant Same 5900 Blountstown Hutty Florida street address (P.O. Box NOT acceptable) Tallah Assee FL 39310 City State Zip Taving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's big nature (REQUIRED) (CONTINUED)	
	20 -
	- · · · · · · · · · · · · · · · · · · ·

Title: "AMBR" = Authorized Member "MGP" - WARDER - "MGP"	Same and Address: (eSembria Phillips 5900 Blountstoon Hishway Tallahassee FL 32310 LACY Bryant Sano Blounts from Hishway Tallahassee FL 32310 Darrus Phillps Sano Blountstoon Highway Tallahassee FL 32310	
If an effective date is listed, the date must be specific he date of filing.)	ling:	
This document is executed in 1 am aware that any false info constitutes a third degree felt are the constitutes at the constitu	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b). Florida Statutes. In accordance with section 605.0203 (1) (b).	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	- ~	

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

ARTICLE IV-

as