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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA LIMITED LIABILITY CO. ALWAYS L.O.V.E. 7 LLC

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Certificate of Status	1
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Help

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

ARTICLE I - Name: The name of the Limited Liability Company is:

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	ress and street add	ress of t Compa	щу із:			
14531	N. W. 1	3 tt	CT	Miami	. <del>[</del> ].	3316
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Company cannot:	ARTICLE III - Replaced to the Florida street and serve as its own Registered with an AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	dress o Agent, You active Floi	f the register must designate an Ida registration)	ed agent are: individual or anothe	o busi <mark>ness e</mark> ntity	
The name and	I title of each person	a autho			ol the Limit	
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## Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 5.817.155, F.B.

Typed or printed name of signee

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 here!: y accept the appointment as registered agent and agree to act in this capacity. I further agr: e 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 agen: as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)