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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	New Filing Sec Division of Co						
SUBJI	Love Mini						٠-ر،
SUBJI	ECT:		e of Limited	Liability Co	ompany		? . = = = = = = = = = = = = = = = = = = =
The en	closed Articles of	Organization and f	ee(s) are sut	omitted for fi	iling.		: 53 2 7
Please	return all correspo	ondence concerning	this matter	to the follow	ving;		1 =====================================
	Adrian M. Jo	ohnson					կ։ 35
			N	ame of Perso	on		
	Love Minist	er					
			F	irm/Compan	ıy		
	1321 nw 18t	h drive ste 301					
	Pompano Bo	each, Florida 33069					
	ministerofcon	nedy29@gmail.con	•	State and Zip	Code		
		E-mail address: (to		future annua	l report notificat	ion)	
or furth	ner information co	ncerning this matte	r, please call	l:	•		
	Adrian M. Jo	hnson	954 _at (8-4285		
	Nam	e of Person	Area (aytime Telephor	ne Number	
Enclos	ed is a check for t	he following amour	at.				
	5.00 Filing Fee	■\$130.00 Filing Certificate of Sta	g Fee & atus	Certified Co	Filing Fee & opy by is enclosed)	Certificate Certified C	Filing Fee, of Status & Copy opy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				New The C 2415	et Address Filing Section D Centre of Tallah N. Monroe Stre hassee, FL 3230	assec et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Love Minister L.L.C.			
(Must conta	in the words "Limited Liab	bility Company, "	L.L.C.," or "LLC.")
RTICLE II - Address: e mailing address and street ad	dress of the principal offic	ce of the Limited I.	iability Company is:
<u>Principa</u>	Principal Office Address:		Mailing Address:
1321 nw 18th drive ste	e 301	1321 1	w 18th drive ste 301
Pompano Beach, Flori RTICLE III - Registered Ages he Limited Liability Company of other business entity with an ac	nt, Registered Office, & I	Registered Agent	
RTICLE III - Registered Ager	nt, Registered Office, & I cannot serve as its own Re ctive Florida registration.) ddress of the registered ag	Registered Agent gistered Agent. Y	's Signature:
RTICLE III - Registered Ages he Limited Liability Company of other business entity with an ac	nt, Registered Office, & I cannot serve as its own Re ctive Florida registration.) ddress of the registered ag Adrian M. Johnson	Registered Agent gistered Agent. You	's Signature:
RTICLE III - Registered Ages he Limited Liability Company of other business entity with an ac	nt, Registered Office, & I cannot serve as its own Re ctive Florida registration.) ddress of the registered ag Adrian M. Johnson	Registered Agent gistered Agent. Y	's Signature:
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RTICLE III - Registered Ages he Limited Liability Company of other business entity with an ac	nt, Registered Office, & I cannot serve as its own Re ctive Florida registration.) ddress of the registered ag Adrian M. Johnson N	Registered Agent egistered Agent. Ye gent are: lame	's Signature: ou must designate an individ

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..

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Adrian M. Johnson
AMDIC .	1321 nw 18th drive ste 301
	Pompano Beach, Florida 33069
<u></u>	
	419.00
<u></u>	
(Use attachment if necessary)	
	(OPPIONAL)
	ling: (OPTIONAL)
•	c and cannot be more than five business days prior to or 90 days after
e date of filing.)	the applicable statutory filing requirements, this date will not be listed
e document's effective date on the Department of S	
e document's effective date on the Department of S	tate's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
OPLIA	in Milphi
<u> </u>	er or an authorized representative of a member.
Signature of a memory This document is executed in	n accordance with section 605.0203 (1) (b), Florida Statutes.
	ormation submitted in a document to the Department of State
	ony as provided for in s.817.155, F.S.
Adrian M. Johnson	
T_2	yped or printed name of signee

as

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)