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(Requestor's Name)

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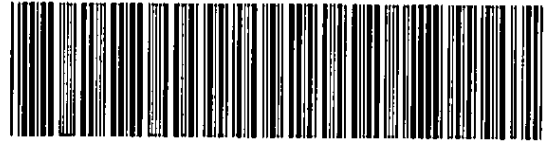
(Business Entity Name)

(Document Number)

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JUL 07 2021



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200

Telephone (352) 622-5664

Ocala, FL 34471

Fax (352) 671-5373

Member AICPA, FICPA

E-mail: john@ocalaaccounting.com

June 22, 2021

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for

ELAINE LOVELACE, LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee	<u>\$ 125.00</u>
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Total	\$ 125.00
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Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions, please call me at (352) 622-5664.

Sincerely,


John T Driscoll CPA
Enclosures

**ARTICLES OF ORGANIZATION
FOR
ELAINE LOVELACE, LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:

ELAINE LOVELACE, LLC

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**5170 SW 128TH AVE
OCALA, FL 34481**

ARTICLE III. - REGISTERED AGENT

**ELAINE M. LOVELACE
5170 SW 128TH AVE
OCALA, FL 34481**

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.

Signature



**ELAINE M. LOVELACE
Registered Agent**

Date

6/29/2021


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TALLAHASSEE, FLORIDA

ARTICLE IV. - AUTHORIZED MEMBER (AMBR)

ELAINE M. LOVELACE
5170 SW 128TH AVE
OCALA, FL 34481

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **JULY 01, 2021**

Signature 
ELAINE M. LOVELACE
AMBR

Date 6/21/2021

NOTED
AS LASSER, FLORIDA

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