Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

Love Dynamics LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:		
Love Dynamics I			
(Must conta	ain the words "Limited L	iability Comp.	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	fice of the Lin	mited Liability Company is:
Principa	al Office Address:		Mailing Address:
7901 4th St N S	TE 300		7901 4th St N STE 300
St. Petersburg F	-L 33702		St. Petersburg FL 33702
another business entity with an a	•	agent are:	
		Name	
	7901 4th ST N STE 3	00	
	Florida street address	(P.O. Box <u>M</u>	OT acceptable)
	St. Petersburg, FL 33	702	
	City	State	Zip
place designated in this certificate. further agree to comply with the pr	I hereby accept the appo ovisions of all statutes re	ointment as reg lating to the pr	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I roper and complete performance of my duties, and togent as provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Jonas Alexander Grodhues
	Jonas Alexander Grodhues 7901 4th St N STE 300 St. Petersburg FL 33702
(Use attachment if necessary)	
LE V: Effective date, if other than the date ffective date is listed, the date must be a of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at
	of meet the applicable statutory filing requirements, this date will not be listed not of State's records.
rument's effective date on the Departme	
nument's effective date on the Departme LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.

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)