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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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eaceLoveRoxs, LLC		
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		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
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COVER LETTER

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SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of	Limited L	iability Company			
The enclos	sed Articles of	Organization and fee(s) are subm	itted for filing.			
Please retu	um all correspo	ndence concerning thi	s matter to	the following:			
	Dolores K Sa	inchez, Esq.					
	<u> </u>		Nan	ne of Person			
	Law Office of	of Dolores K Sanchez					- 3
			Fire	n/Company			2121 AUG
	4701 N Fede	ral Highway, Ste 316				٠.	AUG :
				Address			23
	Lighthouse I	Point, FL 33064					<u> </u>
			City/Sta	ite and Zip Code		.j.	61:3
	dolores@bizh		used for for	ture annual report notifi	cation)	.V	
For further		ncerning this matter, p					
	Dolores Sano	chez	954 t (785-8585			
	Nam	e of Person	Area Co	de Daytime Telep	hone Number		
Enclosed	is a check for t	he following amount:					
□ \$ 125.0	00 Filing Fee	■\$130,00 Filing For Certificate of Statu	s C	1\$155.00 Filing Fee & Certified Copy ditional copy is enclosed	Certificate d) Certified (Filing Fee. of Status & Copy opy is enclos	ed)
	New I Divisi P.O. I	ng Address Filing Section on of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	llahassee Street, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PeaceLoveRoxs, LLC			
(Must contai	n the words "Limited Lia	ibility Company, "	'L.L.C.," or "LLC.")
ARTICLE II - Address:	daara af sha mainainal affi	aa af tha Limitad '	Lighility Company is:
The mailing address and street add	iress of the principal offic	ce of the Limited	Liability Company is.
<u>Principal</u>	Office Address:		Mailing Address:
521 NE Spanish Trial			NE Spanish Trail
Boca Raton, FL 33432	2	Boca	Raton, FL 33432
The Limited Liability Company of	annot serve as its own Re	egistered Agent. Y	nt's Signature: You must designate an individual
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac The name and the Florida street a	cannot serve as its own Retrieve Florida registration.	egistered Agent. \)	nt's Signature: You must designate an individual
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Retrieve Florida registration.	egistered Agent. \) gent are:	it's Signature: You must designate an individual
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Rective Florida registration. ddress of the registered at Dolores K Sanchez, Est	egistered Agent. \) gent are:	nt's Signature: You must designate an individual
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Rective Florida registration. ddress of the registered at Dolores K Sanchez, Est	egistered Agent. \) gent are: q. Name	nt's Signature: You must designate an individual
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Restive Florida registration. ddress of the registered at Dolores K Sanchez, Est	egistered Agent. Y) gent are: q. Name ay, Ste 316	You must designate an individual
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Rective Florida registration. ddress of the registered at Dolores K Sanchez, Estable 14701 N Federal Highway	egistered Agent. Y) gent are: q. Name ay, Ste 316	You must designate an individual

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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constitutes a third degree felony as provided for in s.817.155, F.S. Topic Ref. Society Appears for Articles of Organization and Designation of Registered Agent	"AMBR" = Au "MGR" = Mar	nager	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list unnent's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S. Typed or printed name of signee Eiling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR	Roxanna Hatami	_
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		521 NE Spanish Trail	_
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		BOCA RAION, (L 33432	_
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			_
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\$ 5.00 Certificate of Status (Optional)	Tective date is I of filing.) If the date insert ument's effective LE VI: Other properties of the County of the Co	sized, the date must be specific and cannot be more than five business days prior to or seed in this block does not meet the applicable statutory filing requirements, this date will not ever date on the Department of State's records. Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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 s.817.155, F.S. Typed or printed name of signee Filing Fees: ing Fee for Articles of Organization and Designation of Registered Agent retified Copy (Optional)	ot be list

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