# 4000151526

(Req	uestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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RECEIVED

# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



# **ORDER FORM**

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQU	EST_D	ATE	4/11/2	.022

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1024958

ORDER ENTITY\_\_\_\_LOVIE-B LLC

PLEASE PERFORM THE FOLLOWING SERVICES:  LOVIE-B LLC (FL)				
Please file the attached articles and provide a certified copy.				
NOTES:				
\$155.00 Authorized Email address for annual report reminders: Kathleen@delaneycorporate.com				
RETURN/FORWARDING INSTRUCTIONS:  ACCOUNT NUMBER: I20050000052				

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, April 11, 2022 Page 1 of 1

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 APR 11 AM 10: 15

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

LOVIE-B LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principa</u>	l Office Address:		Mailing Address:
11 NE 51st Street		161 N	E 51st Street
Fort Lauderdale, Flori	da 33334	Fort L	auderdale, Florida 33334
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act The name and the Florida street ac	cannot serve as its own I ctive Florida registration ddress of the registered	Registered Agent. You	
	Roopchan R. Baboola	Name	
		Name	
	161 NE 51st Street		
	Florida street address	(P.O. Box NOT acc	eptable)
	Fort Lauderdale,	Florida	33334

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.

State

Zip

City

/s/Roopchan R. Baboolal
Registered Agent's Signature (REQUIRED)

(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 Mei "MGR" = Manager	moer	
AMBR	Roopchan R. Baboolal 21 22 29th Avenue Astoria, NY 11102	
AMBR	Rita Baboolal 21 22 29th Avenue Astoria, NY 11102	
		, n
If an effective date is listed, the dat the date of filing.)	than the date of filing:	-
ARTICLE VI: Other provisions, if an	ny.	
REOUIRED SIGNATUR	E:	
/s/	Roopchan R. Baboolal	
This docum I am aware	neutre of a member or an authorized representative of a member, nent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.	
Roo	pchan R. Baboolal  Typed or printed name of signee	
	DW - 43	

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)