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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

Email Address: <u>eteam@eminutes.com</u>

## FLORIDA LIMITED LIABILITY CO.

## Tatum's Love, LLC

Certificate of Status	1
Certified Copy	0
Page Count	<del>-04-</del> 3
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tatum	's Love, LLC	
	(Must contain the words "Limited Liab	lity Company, "L.L.C.," or "LLC.")
ICLE II - A	ddrocs:	
	urress. ess and street address of the principal office	of the Limited Liability Company is:
nannig addire	and street address of the principal office	of the Effilited Elability Company is.
	Principal Office Address:	Mailing Address:
10960	Wilshire Blvd., 5th Floor	10960 Wilshire Blvd., 5th Floor

The name and the Florida street address of the registered agent are:

eResidentA	gent, Inc.	
	Name	
801 US Hi	ghway 1,	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
North Paln	n Beach, FL 3340	08
City	State	Zip

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)

2027 JUN 13 PH 6: 18

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

"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	TalenHorton-Tucker	_
	10960 Wilshire Blvd. 5th Floor	-
	Los Angeles, CA 90024	-
		-
		_
		-
		-
	<del></del>	-
		-
*		_
		_
(Use attachment if necessary)		
cument's effective date on the Departme	of the applicable statutory filing requirements, this date will not not of State's records.	
CLE VI: Other provisions, if any.		
	<del></del>	
REOUIRED SIGNATURE:		
	member or an authorized representative of a member.	
Signature of a	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.	
Signature of a This document is exe I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State	
Signature of a This document is exe I am aware that any fa	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.	
Signature of a This document is exe I am aware that any fa constitutes a third deg	cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State aree felony as provided for in s.817.155, F.S.	
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Signature of a This document is exe I am aware that any fit constitutes a third deg	cuted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.  Erika Easter, Authorized Person  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent	