

**L23000250864**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : QUARLES & BRADY LLP  
Account Number : I20000000067  
Phone : (239)434-4922  
Fax Number : (239)213-5452

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

Email Address: \_\_\_\_\_

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FLORIDA DIVISION OF STATE  
TALLAHASSEE, FL

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**FLORIDA LIMITED LIABILITY CO.**

**Lovetto Holdings LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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DIVISION OF STATE  
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H230001877443

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Lovetto Holdings LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vincent Lovetto

Name of Person

Firm/Company

3641 10th Street Ste A

Address

Naples, FL 34103

City/State and Zip Code

lisa@lovettodesign.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Lundborg	at (	239	434-4959
Name of Person	Area Code	Daytime Telephone Number	

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Y DE STATE  
TALLAHASSEE, FL

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Lovetto Holdings 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:

Principal Office Address:

3641 10th Street  
Suite A  
Naples, FL 34103

Mailing Address:

3641 10th Street  
Suite A  
Naples, FL 34103

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Vincent Lovetto

Name

3641 10th Street Suite AFlorida street address (P.O. Box NOT acceptable)

<u>Naples</u>	<u>FL</u>	<u>34103</u>
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.

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Vince Lovetto

Registered Agent's Signature (REQUIRED)

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**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member  
 "MGR" = Manager

MGR**Name and Address:**

Vincent Lovetto  
 3641 10th Street, Suite A  
 Naples, FL 34103

MGR

Lion Lovetto  
 3641 10th Street, Suite A  
 Naples, FL 34103

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
 \_\_\_\_\_

**REQUIRED SIGNATURE:**Vince Lovetto

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.

Vincent Lovetto

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)

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