# L2400163072

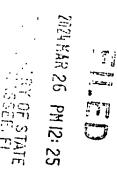
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500419632785

03/26/24--01022--007 \*\*150.00



T. MATTHEWS

APR 10 2024



#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Loveland Real Estate, LL 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:
Lillian Claire Ojea Loveland ara Lily Loveland Name of Person
Paradise Real Estate International Under Brokers Firm/Company Lily Loveland Real Estate, LL
1013 Alamanda Driver
North Palm Beach, FL 33408  City/State and Zip Code  [1/10veland @ grown . com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lily Love and at (501) 307 - 5818  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	t tim ban be
The name of the Limited Liability Company is:	_
Lily Loveland	Pear ESTATE  YARRY DE STATE  Y Company, "L.L.C.," or "LLC.") A LICHASSEE, FL
(	y company, money or series you garrier 1,100,000, file
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1013 Alamanda Drive NPB FL 33408	NPB, FL 3340B
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:
1/11	reland
Name	
10.7 Alden	1. 00
1013 Alama Florida street address (P.O.	
	·
NPB	TL 3>400
City S	State Zip
Having been named as registered agent and to accept service of proplete designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regis	nt as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I
Registered Ag	gent's Signature (REQUIRED)
(CO)	NTINUED)

<u>Fitte:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager  AMBR	Ryan Loveland 1013 Alamarda Dr NPB FL 33400
Use attachment if necessary)	
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 cs not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 cs not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is Lam aware that are	be specific and cannot be more than five business days prior to or 90 cs not meet the applicable statutory filing requirements, this date will not

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)

ARTICLE IV-

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	~
Lily Loveland Real Estate, 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:  Mailing Address:	
1013 Alamanda Drive 1013 Alamanda Drive NPB FL 33408 NPB FL 33408	
ARTICLE III - Registered Agent, Registered Office, & 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:	
Lily Loveland Name	
Name	
1013 Alamanda Dr	
Florida street address (P.O. Box NOT acceptable)	
NPB FL 33408	
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 am familiar with and accept the ebligations of my position as registered agent as provided for in Chapter 605, F.S	e d i
am Jamiliar with and accept the soligations of the	
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	

## The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) \_\_\_ (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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 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: 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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30,00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)