1117000005575

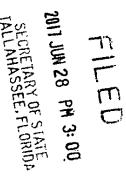
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W17-52557 RA						

Office Use Only



500300335625

06/21/17--01021--026 **125.00



K. SALY JUN 3 0 2017



June 23, 2017

HELEN L JONES LOVE LENA LLC 9046 PAOLOS PLACE KISSIMMEE, FL 34747

SUBJECT: LOVE LENA LLC Ref. Number: W17000052557

We have received your document for LOVE LENA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 317A00012822

ATTN: Karen Soly

Registration Section

TO:

COVER LETTER

Divisio	n of Corporations
SUBJECT:	Love Leva LLC . Name of Limited Liability Company
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all	correspondence concerning this matter to the following:
	Helen L. Cones Name of Person
	Lac Lena LLC Firm/Company
	9046 Paolos Place
	Wissimmel Fl. 34747.
	City/State and Zip Code Contibude Mail a Contibuted Mail a Contibuted Mail address: (to be used for future annual report no (fication)
For further infor	mation concerning this matter, please call:
	Mame of Contact Person Area Code Daytime Telephone Area Code Daytime Telephone
Divisio Registr P.O. Bo	NG ADDRESS: In of Corporations Into Section In ox 6327
	cck for the following amount: .00 Filing Fee
alread	received by previous content) app. W 17000052557.
ref #	W 17000052557

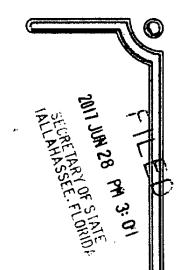
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION OF COMPANY TO TRANSACT BUSINESS		LLC.	S SUBMITTED TO REGIST	ER A PURERIN LIMITED LIADIU.
(Name of Foreign Limited	Liability Company; must include "L	imited Liability Con	npany," "L.L.C.," or "LLC."))
(If name unavailable, enter alternate name adopt 2. Nevada		in Florida. The alternat	00 144	8080
(Jurisdiction under the law of which foreig	n lumited faiblinty company is organized)		(۴៥) ការជាថ	ber, if applicable)
(Da	te first transacted business in Florida, if pre- sections 605.0904 & 605.0905, F.S. to d	nor to registration.)	(v)	
s. <u>90146 Paolo</u> s	3 Place	6	9046 Pag	100 Place
KISSIMME	e.		KISSIMM	
FI. 31	न्पन		F1. 3L	THE
7. Name and street address of Flo	orida registered agent: (P.O.	Box NOT acces	ntable)	- FEE -
	iblen I chne	50x <u>1101</u> 4000)	<i>judicy</i>	超岩下
Name:	HOLL COL	<u>.)</u>		SSA CO
Office Address:	119 150102 HOU	<u> </u>		Fig. 3
	<u>Kissim</u> r	nce	_, Florida <u>347</u> L	<u>17</u>
Registered agent's acceptance:	(City)		(Zip cod	
Having been named as registere				
designated in this application, I is				
to comply with the provisions of and accept the obligations of my			ete performance of my	duties, and I am familiar with
, ,	11	W C	D	
-	(Registered a	gent's signature)		
8. The name, title or capacity an	d addraga of the noman(s) wi	to hog/horre outh	seitu to managa islara:	
Title or Capacity:	Name and Address:		or Capacity:	Name and Address:
mare managers	Holen I chares			
"Cologs Milchitech	9046 Haoles Place			
	KIDDIMMICE, FL 347	44		
				
(Use attachments if necessary)				
 Attached is a certificate of exis jurisdiction under the law of whice of the translator must be submitte 	h it is organized. (If the certi			
10. This document is executed in	accordance with section 605	0203 (1) (b) Ela	urida Statutee I am aum	re that any false information
submitted in a document to the De				
	Haler	STA	AX/	
	S.S.	nature of an authorized	person	
	11.1	\sim 1	Chines	
	HPI	TII h		•

Typed or printed name of signee

SECRETARY OF STATE





LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that LOVE LENA LLC did on June 9, 2017, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20170609-0629 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 9, 2017.

Ballara K. Cegarste

Barbara K. Cegavske Secretary of State