To: Page 2 of 5
Division of Corporations

2017-11-20 12:03:48 CST

19542080845 From Ranae McGraw

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations
·····	Love's Solutions, LLC
OBJE	Name of Limited Liability Company
The en Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ace, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
lease	return all correspondence concerning this matter to the following:
	Linda Withner
	Name of Person
	Love's Solutions, LLC
	Firm/Company
	PO Box 26210
	Address
	Okluhoma City, OK 73126
	City/State and Zip Code
	linda, withner@loves.com
	E-mail address: (to be used for future annual report notification)
For tu	rther information concerning this matter, please call:
	Linda Withner 405 242-2535
	Name of Contact Person at (
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301
Enclo	sed is a check for the following amount: \$\Begin{align*} \Boxed{\text{S125.00 Filing Fee} & Bigs & Bigs & Certificate \\ \Boxed{\text{Certificate of Status}} & Certified Copy \end{align*} \$\Boxed{\text{S155.00 Filing Fee} & Bigs & Certified Copy} & \Boxed{\text{S160.00 Filing Fee}, Certificate \\ \Boxed{\text{Certified Copy}}

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

IN COMPLIANCE WITH SECTION 605/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Love's Solutions, LLC (Name of Foreign t	amited Liability Company, must include "Lamited	Lability Company, LLLC, or LL	C.T)
	me adopted for the purpose of transacting business in Flor	ids. De alternate name must include "Linued	Hastvilay Company," "L.E.C," or "ELC.")
	me adopted for the perpose of transacting dusiness in the	3. 46-2566482	
Oklahoma (Jursdiction under the law of which foreign limited hability company is organized)		3. 40-2505 AZ	number, if applicable)
	(Date that transported harmons in Parish of page to	ernitalion.)	
	(Date first transacted business in Florida, if pore to (See sections 605 0904 & 605 0905, F.S. to determine		
10601 N. Pennsylvania (Streat Address of Pr	Avc.	6. PO Box 26210	Address)
Oklahoma City, OK 73		Oklahoma City, OK 73	
Oktahonia Ony, Ostati			
Nume and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	. Florida 33324	
isignated in this applicate comply with the provisi and accept the obligations	gistered agent and to accept service of pation, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent. CT Corporation System 1	s registeree agent and agree to and complete performance of	my duties, and I am familiar with
esignated in this applicate comply with the provisi and accept the obligations	tion, I hereby accept the appointment as ony of all statutes relative to the proper s of my position as registered agent. By: C T Corporation System / (Registered agent's	s registerer agent and agree to and complete performance of CHRIS RICKARD, ASSIS	TANT SECRETARY
esignated in this applicate comply with the provisi and accept the obligations	tion, I hereby accept the appointment a ony of all statutes relative to the proper s of my position as registered agent. By: C T Corporation System	s registerer agent and agree to and complete performance of CHRIS RICKARD, ASSIS	TANT SECRETARY
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signated in this applicate comply with the provision accept the obligations. The name, title or capa Title or Capacity:	any of all statutes relative to the proper of all statutes relative to the proper of affine position as registered agent. By: C T Corporation System / (Registered agent's neity and address of the person(s) who has Name and Address:	S registerer agent and agree to and complete performance of CHRIS RICKARD, ASSIS signature) as/have authority to manage is/ar Title or Capacity: Manager	TANT SECRETARY And I am familiar with
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OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>LOVE'S SQLUTIONS</u>, <u>LLC</u> whose registered agent is <u>THE CORPORATION COMPANY</u>, with its registered office at <u>1833 S MORGAN RD OKLAHOMA CITY 73128 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>17th</u>, day of <u>November</u>, <u>2017</u>.

Secretary Of State