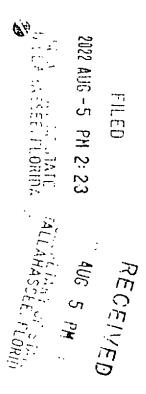
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(Requestor	's Name)
(Address)	
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(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: August	1 04, 2022		
Name: James	Brodbeck		
Reference #:	1758932		
Entity Name:	LOV	VA, LLC	_
Articles of Incom	poration/Authori:	zation to Transact Busines	s
Amendment			
☐ Change of Age	nt		
Reinstatement			
☐ Conversion			
Merger			
☐ Dissolution/With	hdrawal		
Fictitous Name			
Other			
Authorized Amoun	at:\$125.	00	
Signature:	,	- 0	

-1.212.947.7200

+852.3975.1803

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LI
Texas		84-2595564	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)	
N/A			
	(Date first transacted business in Florida, if prior to ref (See sections 605 0904 & 605 0905, F.S. to determine	gistration)	~ <u>VA</u>
1643 Chelsea Dr		P.O. Box 138415	2022 AU
reet Address of Principal Office)		6. (Mading Address)	্রি -
Davenport, FL 33897		Clermont, FL 34713	5 7
			92 %
Name and street addres	ss of Florida registered agent: (P.O. Box]	NOT acceptable)	0 k
Name:	Cogency Global, Inc.		
Office Address:	115 North Calhoun Street, Suite 4		
	Tallahassee	32301 , Florida	
	(City)	, Florida(Zip code)

/ (Registered agent's signaturé)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Richard Todd Rainwater	■Manager	Name:
■Member	Address: P.O. Box 470484	■Member	Address: P.O. Box 138415
■Authorized	Fort Worth, TX 76147	用 Authorized	Clermont, FL 34713
Person		Person	
[]Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	Other	_Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

TRANSMET C. Lacland		
	Signature of an authorized person	
Margaret E. Holland, At	thorized Representative	
	Exped or printed name of serner	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Lowa, LLC (file number 803383413), a Domestic Limited Liability Company (LLC), was filed in this office on July 31, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 04, 2022.



Phone: (512) 463-5555 Prepared by: SOS-WEB

John B. Scott Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1167027040003

Fax: (512) 463-5709 TID: 10264