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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	CT: ESSENCE OF TIME, LLC (Name of Limited Liability Company)	_
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
-	MARY IRENE Unatin (Name of Person)	
_	FSSENCE OF TIME, L/C (Firm/Company)	
		OF DEC
	5/3 Dyster Bay Drive (Address)	1 7150;
_	Ormond Bch. FL. 32/74 (City/State and Zip Code)	P
For furth	her information concerning this matter, please call:	8 PM 2: 26
Mo	(Name of Person) at (386) 437-06/3 (Area Code & Daytime Telephone Number)	_
	ed is a check for the following amount:	
\$125.	00 Filing Fee \$\bigs\$130.00 Filing Fee & \tag{\$155.00 Filing Fee & \tag{\$160.00 Filing Fee	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	OF OF THE PERSON			
ESS ENCE OF TIME LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another			
The name and the Florida street address of the registered agent are:				
STEUEN LANDI: N Name				
Florida street address (P.O. Box NOT acceptable)				
City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MG-R.	Mary Trene Unatin 513 Oyster Ray Drive Ormand Bch. FL 32174
	OF DEC
(Use attachment if necessary)	PH 2: 26
RTICLE V: Effective date, if other than the f an effective date is listed, the date must b or 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days prio
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
Mary I	yped 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)