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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ESSENCE OF PERFECTION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: **Essence of Perfection, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1320 S. Dixie Highway, Suite 1045
Miami, FL 33146

Mailing Address:

Same

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The

name and the Florida street address of the registered agent are:

ALAN K. MARCUS, ESQ.

Name

**CABLES ONE TOWER, SUITE 1045
1320 SOUTH DIXIE HIGHWAY**
Florida street address (P.O. 'Box NOT acceptable)

CORAL GABLES, FLORIDA 33146
City, State, and Zip

Having been named a 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 in Chapter 608, F.S..


Registered Agent's Signature

(CONTINUED) Page 1 of 2

H000000300864

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

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

Title:

MGR = Manager

MGRM = Managing Member

Name and Address:

MCRM - Adrienne Malles


21075 N.E. 34 Avenue, Apt. 403
Miami, FL 33180

MGRM -

MGRM -

(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Alan K. Marcus

Typed 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)

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