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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Regist Divisio	ration Section on of Corporations
SUBJECT:	Eco - Essentials L.L.C. (Name of Limited Liability Company)
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Jobi John (Name of Person)
	(Name of Person)
	Eco-Essentials L.L.C.
	Eco-Essertials, L.L.C. (Firm/Company)
	U.T. LAUGEL ST
	1277 LAJREL ST. (Address)
For further info	Saeasota, FL 34236 (City/State and Zip Code) rmation concerning this matter, please call:
200	Name of Person) at (941) 954-2035 (Area Code & Daytime Telephone Number)
Enclosed is a c	check for the following amount: g Fee \$\sum_{130.00}\$ Filing Fee & \$\sum_{155.00}\$ Filing Fee & \$\sum_{160.00}\$ Filing Fee, Certificate of Status & Certified Copy & Certificate of Status & Certified Copy (additional copy is enclosed)
	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:
Eco-Essentials L.L.C.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
<u>Principal Office Address:</u> <u>Mailing Address:</u>
1677 LAUREL ST 1677 LAUREL ST
SACASOTA FL SACASOTA FL
34236 34231
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)
business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
Mary M. Jaw 50 To
Name PG 7
Florida street address (P.O. Box NOT acceptable)
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:

"MGR" = Manager "MGRM" = Managir	ng Member	Name and Address:	
MGR		JOBS JOHN 1677 LAUREL ST. SARASOTA, FL 3423(
			
(Use attachment if no			
•	e, if other than the da the date must be s	ate of filing: <u>ちいてしる</u> . (OPT specific and cannot be more than five busine	TIONAL) ess days prior
TICLE V: Effective date n effective date	e, if other than the da the date must be so of filing.)	ate of filing: (OPT specific and cannot be more than five busine	TIONAL) ess days prior
FICLE V: Effective date n effective date date is listed, r 90 days after the date of REQUIRED SIGNA	e, if other than the da the date must be so of filing.)	ate of filing:	08 MAY 19
FICLE V: Effective date in effective date in effective date is listed, r 90 days after the date of REQUIRED SIGNATES Signates (In of	e, if other than the date must be sof filing.) ATURE: accordance with section of the section o	or an authorized representative of a member.	

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)