

LO9 000121652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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M. THOMAS

DEC 23 2009

EXAMINER

LO9-121652

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Essence Boutique, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOCK L. McGriff

Name of Person

Firm/Company

801 Arlington Cir

Address

Quincy, FL 32351

City/State and Zip Code

docmcgriff@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOCK L. McGriff

Name of Person

at (850) 284-3481

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Essence Boutique, LLC

(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:

Principal Office Address:

801 Arlington Cir
Quincy, FL 32351

Mailing Address:

801 Arlington Cir
Quincy, FL 32351

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.)

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

Priscilla McGuff
Name

801 Arlington Cir
Florida street address (P.O. Box NOT acceptable)

Quincy, FL 32351
City, State, and Zip

CLERK OF COURT
TALLAHASSEE, FLORIDA

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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.

Priscilla McGuff
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR M

MGR M

MGRM

DOCK L. McGriff SR.
801 Arlington Cir
Quincy, FL 32351

Priscilla D. McGriff
801 Arlington Cir
Quincy, FL 32351

Darion R. Washington
801 Arlington Cir
Quincy, FL 32351

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2010

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Priscilla McGriff
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.)

PRISCILLA MCGRIFF

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)