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Effective Date 07/01/10



T. HAMPTON
JUN 15 2010
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Algae	ssence, LLC.		
	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Miroslav Ga	antar		
		Name of Person	
Algaessence,	LLC.		
Firm/Company			
14421 SW 93	rd Ter,		
		Address	
Miami, Fl. 331	186		
	Cit	ry/State and Zip Code	
mirogan@msi		for future annual report notification)	
For further information	concerning this matter, please		
Miroslav Gantar		at (305) 302-6713	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courler Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Effective Date 07 01 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Algaessence, 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: **Mailing Address:** 14421 SW 93rd Ter. 14421 SW 93rd Ter. Miami, Fl. 33186 Miami, Fr. 33186 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: Miroslav Gantar Name 14421 SW 93rd Ter Florida street address (P.O. Box NOT acceptable)

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..

City, State, and Zip

FL 33186

Registered Agent's Signature (REQUIRED)

Miami

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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:
MGR	Liliana Gantar
where the company of	
(Use attachment if necessary)	······································
ARTICLE V: Effective date, if other than t	the date of filing: July 1, 2010 . (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
1.4	

Li Vicua Youta Signature of a member of 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.)

Liliana Gantar

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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