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B. BOSTICK

APR 1 3 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: ESSENCE AND MORE, 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:
BONIFACE PETER Name of Person
ESSENCE AND MORE, LLC.
4282 ONEGA CIRCLE
WEST PAIM BEACH FC 33409 City/State and Zip Code
ESSEXCECTAMORE & Email o Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BONIFACE DETEN at (Sb/) 240-5536 10 Name of Person Area Code & Daytime Telephone Number 10 To State 11 to
Enclosed is a check for the following amount: $\omega = \omega$
\$125.00 Filing Fee \$\ \bigcup \\$130.00 Filing Fee \& \centrificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{align*} \$\$ \$160.00 Filing Fee, \text{Certified Copy} \\ \text{(additional copy is enclosed)} \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESSENCE AND MORE LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	12 SE
BONIFACE PETER	APR TY
Name	ASS ASS
4282 ONEGA CIRCLE	
Florida street address (P.O. Box NOT acceptable)	ES HI
WEST Am RCh FL 33409	물 <u>수</u> 3

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manage	r or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
BONIFACE PETER MGR DOSHER PETER MGR	4282 ONEGA CIRCLE West PALM BEACK FL 33409	
DOSHER PETER MG-R	4282 ONGA CIRCLE West Palm BEACK FL 33409	
	ASSE OF STATE OR THE ORDER	
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:		
Signature/of a member or an authorized representative of a member.		
(In accordance with section 608.4 constitutes an affirmation under t I am aware that any false information constitutes a third degree felony a	108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In a document to the Department of State as provided for in s.817.155, F.S.) 4 CE CONTROL OF THE CONTROL OF T	
Filing Fees:		

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)