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COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJI	ECT: The Es	ssential Manager, LLC Name of Lit	mited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	espondence concerning this m	natter to the following:	
	Sharon I	Kina Horkott	Name of Person	
			Name of Person	
			Firm/Company	
	313 Cro	ton Way	Address	
			, tudi os	
	West Pa	lm Beach, FL 33401	City/State and Zip Code	
.sf	king@theess	entialmanager.com E-mail address: (to be use	d for future annual report notification	ation)
For fur	ther informatio	on concerning this matter, ple	ase call:	
Sharo	n Horkott Nar	at (at (561) 531-1695 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	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)
	<u>Ma</u>	iling Address	Street/Courier Add	ress

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

Registration Section **Division of Corporations** Clifton Building 2661 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:	
The Essential Manager, LLC (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
313 Croton Way West Palm Beach, FL 33401	313 Croton Way West Palm Beach, Fi_ 33401
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Sharon King Horkott Name	
313 Croton Way Florida street address (P.O. Box N	OT acceptable)
West Palm Beach City	FL 33401 Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Suas Wing Registered Agent's Signard	Hakatt e (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>		Name and Address:			
"AMBR" = Authorized	d Member	Nume and Flodiess			
"MGR" = Manager					
MGR		Sharon Horkott		-	
		313 Croton Way		_	
		West Palm Beach, FL 33401		•	
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