

L15000110932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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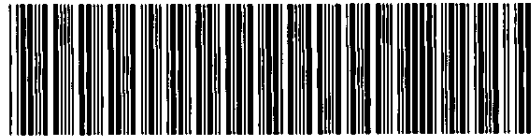
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

SECRETARY OF STATE
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15 JUL 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Essential Assistance, 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:

Tracie McDonald

Name of Person

Essential Assistance

Firm/Company

1075 Old Bumpy Road

Address

Tallahassee, FL 32317

City/State and Zip Code

foressentialassistance@gmail.com

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

For further information concerning this matter, please call:

Tracie McDonald at (850) 408-2180

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing
Certificate

Ein #

47-4410792

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 323

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Essential Assistance, 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:

1075 Old Bumpy Road
Tallahassee, FL 32317

Mailing Address:

1075 Old Bumpy Road
Tallahassee, FL 32317

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:

Ryan Sloggett
Name
1075 Old Bumpy Road
Florida street address (P.O. Box ~~NOT~~ acceptable)
Tallahassee, FL 32317
City State Zip

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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 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Tracie McDonald
1075 Old Bumpy Road
Tallahassee, FL 32317

Ryan Slocgett
1075 Old Bumpy Road
Tallahassee, FL 32317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/1/15 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Tracie McDonald

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tracie McDonald

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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