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SCANIL MASSEE, FLORIDA

ALLAHASSEE, FLORIDA

V HERRING FEB - 6 2017

# **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	Essentials for Life, LLC
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Dr. Chemika Burkhalter
	Name of Person
	Essentials for Life, LLC
	Firm/Company
	12734 SW 204th Street
	Address
	Miami, Florida 33177
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Dr. Chemika Burkhalter 904 333-9925
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address

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

Street Address

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				FILE	0
The name of the Limited Liab	ility Company is:		2017 FE	B-2	AM 9:
Essentials for Life			REGRE TALLAS	(A W 6	1_574
(Must en	d with the words "Limited	Liability Company, "	L.L.C.," or "LLC	HOOKE,	FLOR
ARTICLE II - Address:					
he mailing address and street	address of the principal o	ffice of the Limited Li	ability Company is:		
Princ	ipal Office Address:		Mailing Address:		
12734 SW 204th S	itreet	12734	SW 204th Street		
Miami, Florida 33  ARTICLE III - Registered A The Limited Liability Compa	177 US  Agent, Registered Office, ny cannot serve as its own	Miami & Registered Agent' Registered Agent. Yo	Florida 33177 US s Signature:	al or	
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	agent, Registered Office, ny cannot serve as its own active Florida registratio et address of the registered	& Registered Agent? Registered Agent. Yo n.)	Florida 33177 US s Signature:	al or	
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ARTICLE III - Registered A The Limited Liability Compa another business entity with a	agent, Registered Office, my cannot serve as its own active Florida registratio et address of the registered  Dr. Chemika Burkha	Miami  & Registered Agent'. Registered Agent. You  n.)  agent are:  Iter  Name	Florida 33177 US s Signature: u must designate an individu	al or	
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	agent, Registered Office, my cannot serve as its own active Florida registratio et address of the registered  Dr. Chemika Burkha	& Registered Agent'. Registered Agent. Yon.) agent are: Iter Name	Florida 33177 US s Signature: u must designate an individu	al or	
	agent, Registered Office, my cannot serve as its own active Florida registratio et address of the registered  Dr. Chemika Burkha	Miami  & Registered Agent'. Registered Agent. You  n.)  agent are:  Iter  Name	Florida 33177 US s Signature: u must designate an individu	al or	

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV-		FILE	
The name and address of each person authorized	to manage and control the Lim	ited Liability Company:	AM 9: 44
<b>Title:</b> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	Sache (Asse) TALLAHASSEI	HE KIATE
MGR — Manager	Chemika Burkhalter	S	-
	12734 SW 204th Street		•
	Miami, Florida 33177 US		-
·····	V		_
			-
			-
			-
			-
			-
			_
			-
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing:		(OPTIONAL)	
(If an effective date is listed, the date must be specific and			0 days after
the date of filing.) Note: If the date inserted in this block does not meet the a	annii aabila atatutamu 611		at ha listad as
the document's effective date on the Department of State's		irements, this date will in	oi de lisieu as
ARTICLE VI: Other provisions, if any.			
			<del></del>
REQUIRED SIGNATURE:	Burkhe	ecter	
Signature of a member or	an authorized representativ	e of a member.	
This document is executed in acc	cordance with section 605.020;	3 (1) (b), Florida Statutes	

as

Dr. Chemika Burkhalter Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.

I am aware that any false information submitted in a document to the Department of State

### 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)

ARTICLESOFOR	GANIZATION FOR FLOR	IDA LIMITED LIABILITY COMP	PANY FILL	€O
ARTICLE I - Name: The name of the Limited Liability Co	ompany is:		2017 FEB -2	AM 9: 4
Essentials for Life, LLC			TALLAHASSE	OF STATE E. FLORID
(Must end with	the words "Limited Liabi	ility Company, "L.L.C.," or "LL	<b>(67.</b> ")	
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of		y is: g Address:	
TOtterbaro	mee Address.	- TALBELLIC	g Address.	
12734 SW 204th Street		12734 SW 204th Stree		<del></del>
Miami, Florida 33177 US	<u> </u>	Miami, Florida 33177	US	<del></del>
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ	not serve as its own Regis e Florida registration.)	stered Agent, You must designat	te an individual or	
The name and the Florida street addr	ess of the registered agen	t are:		
<u></u>	r. Chemika Burkhalter			
-	Nan	ne		
1	2734 SW 204th Street			
F	lorida 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 605, F.S..

Miami

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Florida

State

33177

Zip

Page 1 of 2

TREATS		ed to manage and control the Limi	2011 FFB - 5	AH
Title:	uthorized Member	Name and Address:	CF some	
			TALLAHASSER	JF_5
"MGR" = Mai MGR		Chemika Burkhalter	TALLAHASSEE	<u>}                                  </u>
MGR		12734 SW 204th Street	* <del>y</del>	
		Miami, Florida 33177 US		
		Wilding Florida 55117 CS		
				•
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effective date is l	e date, if other than the date of fili listed, the date must be specific	ng:	(OPTIONAL) siness days prior to or 90 days	s afte
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\$ 30:00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)