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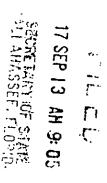
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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K. Brumbley

COVER LETTER

| | lew Filing Section livision of Corporations |
|-------------|--|
| SUBJECT | Elegant Essentials |
| SUBJECT | Name of Limited Liability Company |
| The enclos | sed Articles of Organization and fee(s) are submitted for filing. |
| Please rete | rm all correspondence concerning this matter to the following: |
| | Shenetta Michelle Green |
| | Name of Person |
| | |
| | Firm/Company |
| | 14107 N.W. 142nd Ave. |
| | Address |
| | Alachua, FL 32615 |
| | City/State and Zip Code |
| | michellegreen7440@gmail.com |
| | E-mail address: (to be used for future annual report notification) |
| For further | information concerning this matter, please call: |
| | La'Tasha N. Goode 770 633-0145 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed | is a check for the following amount: |
| \$125.00 F | |

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

| ARTICLESUF | ORGANIZA HON FOR | FIJUKIDA IJMI | TED LIABILITY COMPANY | | | |
|---|--|-----------------------|---|-------------------|----------|------------|
| ARTICLE I - Name: The name of the Limited Liability | Company is: | | | ALIVA LA | 17 SEP 1 | , ; |
| Elegant Essentials, L.1 | L.C. | | | S 7 | w | j |
| | | Liability Comp | any, "L.L.C.," or "LLC.") | 1710 | A | Ti T |
| ARTICLE II - Address: | | | | (/) | ŔÕ | |
| The mailing address and street ad- | dress of the principal o | flice of the Lin | nited Liability Company is: | 77 <u>7</u> 57 | 05 | |
| Principa | l Office Address: | | Mailing Address: | | | |
| 14107 N.W. 142nd A | ve. | | 14107 N.W. 142nd Ave. | | | |
| Alachua, FL 32615 | | | Alachua, FL 32615 | | | |
| ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act | cannot serve as its own etive Florida registratio | Registered Agon.) | Agent's Signature: ent. You must designate an individual | or | | |
| The name and the Florida street a | duress of the registered | agent are. | | | | |
| | Shenetta Michelle Gr | reen | | | | |
| | | Name | | | | |
| | 14107 N.W. 142nd A | ve | | | | |
| | Florida street addres | s (P.O. Box <u>NC</u> | IT acceptable) | | | |
| | Alachua | FL | 32615 | | | |
| | City | State | Zip | | | |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| "AMBR" = Authorized Member | Name and Address: | | | | |
|---|---|--|--|--|--|
| "MGR" = Manager | | | | | |
| AMBR | Shenetta Michelle Green | | | | |
| | 14107 N.W. 142nd Avc. | | | | |
| | Alachua, FL 32615 | | | | |
| | | | | | |
| AMBR | La'Tasha N. Goode | | | | |
| | 1425 Ridenour Blvd., Apt. 5105 | | | | |
| | Kennesaw, GA 30152 | | | | |
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| (Use attachment if necessary) | | | | | |
| | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after | | | | |
| date of filing.) | | | | | |
| 6, | eet the applicable statutory filing requirements, this date will not be listed as f State's records. | | | | |
| | . | | | | |
| TICLE VI: Other provisions, if any. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| REQUIRED SIGNATURE: | | | | | |
| | ta Michele her | | | | |
| | ma promise may | | | | |
| | Signature of a member or an authorized representative of a member. | | | | |
| Signature of a men | nber or an authorized representative of a member. | | | | |
| This document is execute | d in accordance with section 605.0203 (1) (b), Florida Statutes. | | | | |
| This document is execute I am aware that any false i | nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. | | | | |
| This document is execute I am aware that any false i | d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State | | | | |

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)