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(Requestor's Name)

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PICK-UP

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(Business Entity Name)

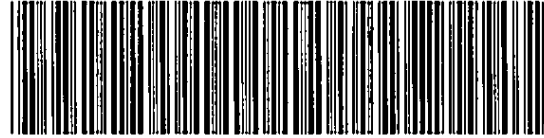
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 10 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elan Sexual Wellness & Aesthetics Institute, 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:

Bill Antor CPA

Name of Person

Cape Coral Tax &  
Accounting Services, LLC.  
3306 Del Prado Blvd. South  
Cape Coral, FL 33904

City/State and Zip Code

billantor@capetax.com

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

For further information concerning this matter, please call:

Bill Antor CPA

Name of Person

at (239) 510-7500

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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)

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

Street/Courier Address  
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:

ELAN SEXUAL WELLNESS & ASTHETICS INSTITUTE, LLC.

**ARTICLE II - Address:**

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

ELAN SEXUAL WELLNESS & ASTHETICS INSTITUTE, LLC.  
37720 OLD FARM RD  
PUNTA GORDA, FL 33982

**Principal Office Address: Mailing Address:**

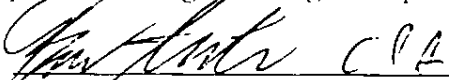
37720 OLD FARM RD  
PUNTA GORDA, FL 33982

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

BILL ANTAR, CPA  
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC  
3306 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33904

*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)

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

The name and address of each Manager or Managing Member is as follows:


MELISSA M. IRVINE  
(Managing Member)  
37720 OLD FARM RD  
PUNTA GORDA, FL 33982

BENJAMIN C. IRVINE  
(Managing Member)  
37720 OLD FARM RD  
PUNTA GORDA, FL 33982

**ARTICLE V: Effective date, if other than the date of filing:**

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Melissa M. Irvine 7/30/18  
\_\_\_\_\_  
Typed or printed name of signee

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