

L19000151398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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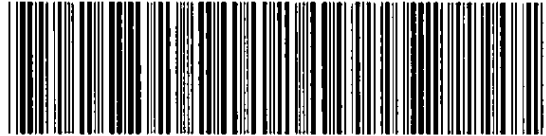
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2019 JUN 17 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
19 JUN 17 PM 1:48  
DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA

JUN 18 2019

\* Brumbley

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 6/17/19**

**NAME: ESQUISSE LLC**

**TYPE OF FILING: ARTICLES**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ESQUISSE 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:

GERARD SOUSSAN ESQ.

Name of Person

LAW OFFICES OF GERARD SOUSSAN

Firm/Company

9595 WILSHIRE BLVD SUITE 502

Address

BEVERLY HILLS CA 90212

City/State and Zip Code

gs@gerardsoussan.com

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

For further information concerning this matter, please call:

GERARD SOUSSAN

310

859-2499

Name of Person

at (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

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:

The name of the Limited Liability Company is:

ESQUISSE LLC

(Must contain 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:

5936 MORNINGSTAR CIRCLE  
SUITE 205  
DELRAY BEACH, FLORIDA 33484

Mailing Address:

9595 WILSHIRE BLVD  
SUITE 502  
BEVERLY HILLS CALIFORNIA 90212

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:

SAHBI KASRAOUI

Name

5936 MORNINGSTAR CIRCLE SUITE 205

Florida street address (P.O. Box **NOT** acceptable)

<u>DELRAY BEACH</u>	<u>FLORIDA</u>	<u>33484</u>
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)

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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

Name and Address:

SAHBI KASRAOUI

5936 MORNINGSSTAR CIRCLE SUITE 205

DELRAY BEACH, FLORIDA 33484

AMBR

HAITHAM KHALED RAFIQ MAHMOUD

5936 MORNINGSSTAR CIRCLE SUITE 205

DELRAY BEACH, FLORIDA 33484

(Use attachment if necessary)

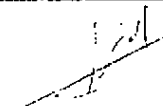
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and 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:

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

SAHBI KASRAOUI

\_\_\_\_\_  
Typed or printed name of signer

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)