

8/18/2021

Division of Corporations

L21000378406

Florida Department of State
Division of Corporations
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***** RESUBMIT *****

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: M.KUYLENSTIERNA@GMAIL.COM**FLORIDA LIMITED LIABILITY CO.****—E=MS3, LLC—****M=ESS, LLC**

Certificate of Status	1
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August 23, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HUBCO

SUBJECT: E=MS3, LLC
REF: W21000115571

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H21000310422
Letter Number: 421A00020138

H21000310422

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M=ESS, 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:**Mailing Address:**7330 MINDELLO STREET
CORAL GABLES, FL 331437330 MINDELLO STREET
CORAL GABLES, FL 33143**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:

JAN KUYLENSTIERNA

Name

8950 SW 74TH CT., SUITE 1710Florida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL 33156

Zip

20
SECRET
TALLAHASSEE, FL

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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.

Registered Agent's Signature (REQUIRED)

JAN KUYLENSTIERNA

(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

AMBRAMBRAMBR**Name and Address:**MARTHA KUYLENSTIERNA7330 MINDELLO STREETCORAL GABLES, FL 33143ELENA ROMERO878 NARRAGANSETT LANEKEY LARGO, FL 33037SUSAN LOPEZ-DE PALMA355 REDWOOD LANEKEY BISCAYNE, FL 33149

(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.)

ARTICLE VI: Other provisions, if any.

_____**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.)

MARTHA KUYLENSTIERNA

Typed or printed name of signee

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