

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000334733 3))



H230003347333ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Essence of My Heart LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

C4

((H23000334733 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Essence of My Heart 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:

Mailing Address:

315 Hollywood Boulevard Northeast
Fort Walton Beach, FL, 32548

315 Hollywood Boulevard Northeast
Fort Walton Beach, FL, 32548

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:

Kristen A. Sharpe
Name
315 Hollywood Boulevard Northeast
Florida street address (P.O. Box **NOT** acceptable)
Fort Walton Beach FL 32548
City State Zip

FILED
2023 SEP 22 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FL

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..

Kristen A. Sharpe
Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H23000334733 3)))

((H23000334733 3))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Kristen A. Sharpe
315 Hollywood Boulevard Northeast
Fort Walton Beach, FL 32548

2023 SEP 22 AM 10:47
FILED
CLERK OF DISTRICT COURT
FALLS PASSEL, FL

FILED

(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.

Kristen A. Sharpe

Typed or printed name of signee

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)

((H23000334733 3))