

2024/05/16 13:50:12 3 /5

5/16/24, 1:42 PM

**L24000218002**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H24000176807 3)))



H240001768073ABC2

**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 : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

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

Email Address: arichards@shumaker.com

RECEIVED

2024 MAY 16 PM 3:25

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**Essentials Day Spa of North Tampa, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H24000176807 3

FILED

ARTICLES OF ORGANIZATION

2024 MAY 16 AM 8:29

OF

TALLAHASSEE, FLORIDA

ESSENTIALS DAY SPA OF NORTH TAMPA, LLC

ARTICLE I – Name:

The name of the Limited Liability Company is **Essentials Day Spa of North Tampa, LLC.**

ARTICLE II – Address:

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

3608 S. Waverly Pl.  
Tampa, FL 33629

ARTICLE III – Management:

The Limited Liability Company will be manager-managed. The name, title and address of the initial manager(s) of the Limited Liability Company are:

Title	Name and Address
MGR	Meha Agarwal 3608 S. Waverly Pl. Tampa, FL 33629

ARTICLE IV – Indemnification:

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

H24000176807 3

**ARTICLE V – Registered Agent, Registered Office & Registered Agent's Signature**

The name and the street address of the initial registered agent of the Limited Liability Company are:

Meha Agarwal  
3608 S. Waverly Pl.  
Tampa, FL 33629

Having been named as registered agent to accept service of process for the above stated Limited Liability Company at the place designated in these Articles of Organization, 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 of the Florida Statutes.

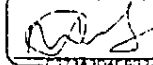
DocuSigned by:



Meha Agarwal, Registered Agent

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this \_\_\_\_ day of May, 2024.

DocuSigned by:



Signature of an authorized representative of a member

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. I am aware that as false information submitted in a document to the Department of State constitutes a third degree felony provided in Section 817.155, Florida Statutes.

Meha Agarwal

Typed or printed name of signee

FILED  
2024 MAY 16 AM 8:29  
TALLAHASSEE, FLORIDA

H24000176807 3