

Division of Corporations

5/24/24, 4:55 PM

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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.

(((H24000182018 3)))



H240001820183ABC-

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 : FLORIDA ENTREPRENEUR LAW, P.A.
Account Number : 120190000063
Phone :
Fax Number (954)882-4119 :
(954)400-5096

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

Email Address: hello@memoryhavendesigns.com

RECEIVED
2024 JUN -6 AM 10:45
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
Memory Haven LifeCasting Designs, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2024

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FLORIDA ENTREPRENEUR LAW, P.A.

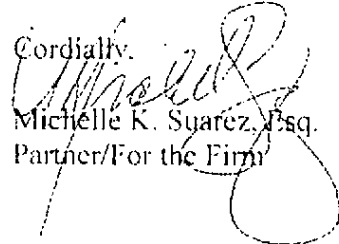
June 6, 2024

Re: Rejected filing Doc. No. W24000078276
Name of entity: Memory Haven LifeCasting Designs LLC (the "Company")

To whom it may concern:

This fax is being sent on behalf of the Company named above. When the counsel of record spoke with an agent at the Division of Corporations two days ago to inquire about the rejected filing, counsel of record was informed that the filing of the Articles of Organization for the Company were rejected due to the name availability and was advised to resubmit the filing documents previously faxed into the State along with a Name Release Affidavit. As such, attached please find the requested Name Release Affidavit, as well as the original fax that was sent in with the Company's Articles of Organization and the requisite information for the filing fees that have already been withdrawn from Florida Entrepreneur Law's e-filing account.

If you require any other information prior to processing the Articles for the Company, please do not hesitate to contact counsel of record, Michelle K. Suarez, Esq., at (954)882-4119 or MSuarez@FloridaEntrepreneurLaw.com. Thank you.

Cordially,

Michelle K. Suarez, Esq.
Partner/For the Firm

((H24000182018 3)))

Florida Entrepreneur Law, P.A.

101 NE 3RD AVE. STE. 1500

Fort Lauderdale, FL 333301

<http://FloridaEntrepreneurLaw.com>

"A law firm for dreamers and dreamers."

(((H24000182018 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MEMORY HAVEN LIFECASTING DESIGNS, 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:

Michelle Suarez

Name of Person

Florida Entrepreneur Law

Firm/Company

101 NE 3rd Ave., Suite 1500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

hello@memoryhavendesigns.com

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

For further information concerning this matter, please call:

Michelle Suarez

at (954) 882-4119

Name of Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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HANDWRITTEN AFFIDAVIT
BY DOCUMENT NUMBER L22000299038, FOR
MEMORY HAVEN LIFECASTING DESIGNS, LLC

STATE OF FLORIDA
COUNTY OF St. Johns

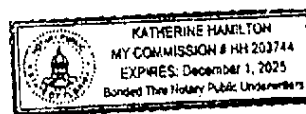
Before me, the undersigned authority, personally appeared Karin Sannoh, who being duly sworn, states as follows:

1. My name is Karin Sannoh.
2. I am an authorized member of the administratively dissolved MEMORY HAVEN LIFECASTING DESIGNS, LLC (Document number: L22000299038).
3. I hereby authorize the release of the name MEMORY HAVEN LIFECASTING DESIGNS, LLC, to be used by myself and Member, Monwada Sannoh, for the organization of the entity MEMORY HAVEN LIFECASTING DESIGNS, LLC (Document No. W24000078278).

Karin Sannoh
Karin Sannoh, on behalf of
the dissolved entity MEMORY HAVEN LIFECASTING DESIGNS LLC
Document number L22000299038

Signed and sworn to before me on this 5 day of June, 2024, by Karin Sannoh, on behalf of the dissolved entity MEMORY HAVEN LIFECASTING DESIGNS LLC (Document number L22000299038).

Katherine Hamilton
NOTARY PUBLIC
Katherine Hamilton
[PRINT, TYPE, OR STAMP NAME OF NOTARY PUBLIC]



Personally Known _____ OR Produced Identification ✓ [CHECK ONE]
[Type of Identification Produced: [COMPLETE ONLY IF NOTARY REQUESTED IDENTIFICATION]]
FL Driver License

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEMORY HAVEN LIFECASTING DESIGNS, 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:

11924 Forest Hill Blvd #10A Suite 201

11924 Forest Hill Blvd #10A Suite 201

Wellington, FL 33414

Wellington, FL 33414

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:

FLORIDA ENTREPRENEUR LAW

Name

101 NE 3rd Ave., Suite 1500

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

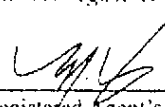
Fort Lauderdale, FL 33301

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)

Signing on behalf of Florida Entrepreneur Law as Registered Agent

(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

Name and Address:MGR, AMBRKarin Sanneh11024 Forest Hill Blvd #104 Suite 201Wellington, FL 33414AMBRMomodou Sanneh11024 Forest Hill Blvd #104 Suite 201Wellington, FL 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 20, 2024. (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.The Company shall be manager managed by Karin Sanneh**REQUIRED SIGNATURE:**/s/ Karin Sanneh

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.

Karin Sanneh, as authorizing Manager and Member

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)

2024 JUN 10 10:06 AM

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