

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L240000256160**

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## To:

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

*Received*

## From:

Account Name : FLORIDA ENTREPRENEUR LAW, P.A.  
Account Number : I20190000063  
Phone : (954)882-4119  
Fax Number : (954)400-5096

*06/07/24*

**\*\*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

**FLORIDA LIMITED LIABILITY CO.****Embrace in Matrescence, LLC**

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATIONS  
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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: EMBRACE IN MATRESCENCE, 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 K. Suarez, Esq.  
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@memoryhavendesigs.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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMBRACE IN MATRESCENCE, 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:**

11924 Forest Hill Blvd #10A Suite 201  
Wellington, FL 33414

**Mailing Address:**

11924 Forest Hill Blvd #10A Suite 201  
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)

Michelle Suarez signing on behalf of Florida Entrepreneur Law

(CONTINUED)

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

"MGR" = Manager

Kann Saneeh  
11924 Forest Hill Blvd #10A Suite 201  
Wellington, FL 33414

AMBR

Momodou Sanneh  
11924 Forest Hill Blvd #10A Suite 201  
Wellington, FL 33414

The Company shall be manager managed by Karin Sannett.

**\$ 5.00 Certificate of Status (Optional)**