8/22/2024 09:15:16 PUT 8/22/24, 9:12 AM Department of State

Fax: 8134365206

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

					• •
Email	Address:				

FLORIDA LIMITED LIABILITY CO.

Journey to Essence LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

8/22/2024 \(\psi:15:16 POT\) To: 18506176381 Page: 2/3 Fax: 8134365206

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Journey to Essence 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:		
3833 Powerline Rd	3833 Powerline Rd		
Suite 201	State 201		
Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309		

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.)

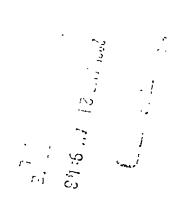
The name and the Florida street address of the registered agent are:

	Name		
7901 4th St N		STE 300	
Florida street addres	s (P.O. Box <u>N</u> (OT acceptable)	
St. Petersburg	FĻ	33702	
City	State	Zij)

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. Thereby 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 om 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)

(CONTINUED)



<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Motmans, Thomas Frans Jos
	3833 Powerline Rd Suite 201
	Fort Lauderdale, FL 33309
(Use attachment if necessary)	
FIGUR V. Effective date if other than the da	ate of filing: (OPTIONAL)
n effective date is listed, the date must be s	specific and cannot be more than five business days prior to or 90 days a
Inte of filing.)	t meet the applicable statutory filing requirements, this date will not be list
document's effective date on the Departmen	of State's records.
FICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	
REOCINED SIGNATURE.	
	MM CWATA/ number or an authorized representative of a member.

Filing Fees:

Nat Smith Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)