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FLORIDA LIMITED LIABILITY CO.
ESSENTIAL LOVE LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	$125.00

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2024 OCT 22 AM 9:08
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ESSENTIAL LOVE LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "I.L.C.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8732 Nw 112 CT	8732 Nw 112 CT
Doral, FL 33178	Doral, FL 33178

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:

Paula T Rodriguez
Name

8350 Nw 52nd Ter suite 301 # 1012
Florida street address (P.O. Box NOT acceptable)

Miami — FL — 33166
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)

(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:
AMBR	Frankly Peña Rigal Av Principal, Edificio Sol de Oro 1, Piso 10, Apt 10-B Urbanización La Llanada, Caraballeda, La Guaira, Postal Code 1165
AMBR	Ramon Rodriguez 8732 NW 112 Ct. Doral, FL 33178
AMBR	Beresith Rigal Flores Av Principal, Edificio Sol de Oro 1, Piso 10, Apt 10-B, Urbanización La Llanada, Caraballeda, La Guaira, Postal Code 1165

(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.

PAULA T RODRIGUEZ
Typed or printed name of signee

State of Florida County of DADE
The foregoing instrument was acknowledged before me by means of physical presence, this 2 of OCT, 2024
By PAULA T RODRIGUEZ who is personally known or has produced FL DL as identification
EXP 2025

AMIR NICOLAS
MY COMMISSION EXPIRES 01-13-2028
NOTARY PUBLIC
COMM # HH 479819
STATE OF FLORIDA

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
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