

10/22/24, 8:10 AM

H24000447370

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000351609 3)))



H240003516093ABC

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To:

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

From:

Account Name : PARASEC
Account Number : I20180000086
Phone : (916)576-7000
Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

**FLORIDA LIMITED LIABILITY CO.
ESSENTIAL LOVE LLC**

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

RECEIVED

2024 OCT 22 AM 11:35

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

2024 OCT 22 AM 9:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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 "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:

Principal Office Address:

8732 Nw 112 CT

Doral, FL 33178

8732 Nw 112 CT

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

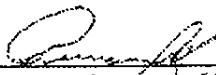
33166

City

State

Zip

I 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)

Page 1 of 2

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STATE OF FLORIDA

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 signer

State of Florida

County of Dade

The foregoing instrument was acknowledged before me by

persons of physical presence, this 12 of oct, 2024

By PAULA T RODRIGUEZ, who is personally known or has produced FLDL as identification

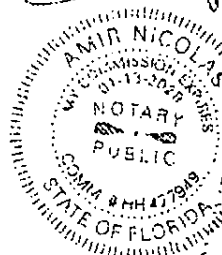
EXP 2026

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)



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iFax Transmission Receipt

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Time Received

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