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(Rec	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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	Office Use On	ly









CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

EA Med Spas Deerfield, LLC

Please Debit FCA	00000003 For: 125	
Thank you Seth N	leeley	
1	/	
		Art of Inc. File
		UTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
_		Officer Search
14		Fictitious Search
		Fictitious Owner Search
Signature		Vehicle Search
_		Driving Record
Requested by:		UCC) or 3 File
Requested by.		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In		Courier

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COVER LETTER

TO:	New Filing Section
	Division of Corporations

EA Med Spas Deerfield, LLC
SUBJECT: _____

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:

ADAM PORCHE

Name of Person

Firm/Company

330 Coconut Isle

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

porcheproperties@gmail.com

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

For further information concerning this matter, please call:

ADAM PORCHE	337	2967835
Name of Person	at (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)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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<u>Mailing Address</u> 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMPIED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EA Med Spas Deerfield, 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:
330 Coconut Isle	330 Coconut Isle
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301

ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature:

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 indiv another business entity with an active Florida registration.)	idual or 👘 💈	2025	
The name and the Florida street address of the registered agent are:	•	212	
ADAM PORCHE	:	***	•
Name		0	· · ·
330 Coconut Isle			
Florida street address (P.O. Box NOT acceptable)		6	
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..



(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	ADAM PORCHE 330 Coconut Isle Fort Lauderdale, FL 33301	
AMBR	ERIK CALDERON 330 Coconut Isle Fort Lauderdale, FL 33301	
		2025
	. <u></u>	

(Use attachment if necessary)

_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _____ (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.

REOUIRED SIGNATURE:

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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.

ADAM PORCHE

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)