

MI7000005873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



60030111026

07/10/17--01026---030 **125.00

FILED

2017 JUL 10 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUL 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One True Essence LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chassity Jackson
Name of Person

One True ESSENCE LLC
Firm/Company

1910 Navarre School Rd #5673
Address

Navarre, FL 32566
City/State and Zip Code

chas True Essence@consultant.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chassity Jackson at (850) 889-3740
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. One True Essence LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)

3. Ein: 47-2107372
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1910 Navarre School Rd #5673
(Street Address of Principal Office)
Navarre FL 32566

6. 1910 Navarre School Rd #5673
(Mailing Address)
Navarre FL 32566

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chassity Jackson

Office Address: 8962 Ellen Ct.

Navarre FL 32566, Florida 32566
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

FILED
2011 JUL 10 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
	<u>Chassity Jackson</u>	<u>CEO</u>	
	<u>8962 Ellen Ct.</u>		
	<u>Navarre FL 32566</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

[Signature]
Signature of an authorized person

Chassity Jackson
Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

2017 JUL 10 11:00 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

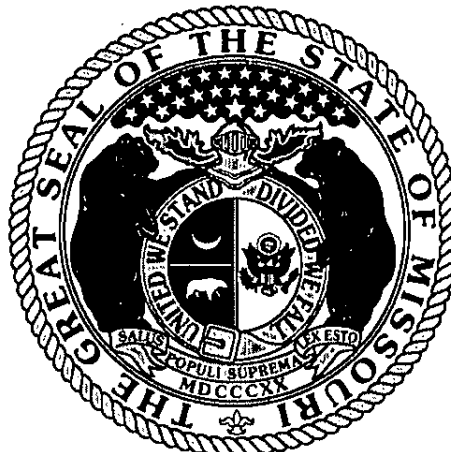
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

One True Essence LLC
LC001422412

was created under the laws of this State on the 17th day of October, 2014, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 5th day of July, 2017.


Secretary of State



Certification Number: CERT-07052017-0054