

Florida Department of State

Division of Corporations  
Electronic Cover Sheet  
**125000041441399**

2.5.25

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)813-1184  
Fax Number : (516)935-3088

**RESUBMIT**

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

Email Address: jonathan.lieb1@gmail.com

FLORIDA LIMITED LIABILITY CO.

E&J Fragrance Enterprises LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

25 FEB -4 PM 9:16

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SECRETARY OF STATE

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February 4, 2025

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBCO

SUBJECT: EJ ENTERPRISES LLC  
REF: W25000013439

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L23000197958.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Operations Manager A

FAX Aud. #: H25000041441  
Letter Number: 125A00002208

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**E&J Fragrance Enterprises 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:7981 Saddlebrook Drive  
Port St. Lucie, FL 349867981 Saddlebrook Drive  
Port St. Lucie, FL 34986

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Jonathan Lieberman

Name

7981 Saddlebrook DriveFlorida street address (P.O. Box NOT acceptable)Port St. LucieFL 34986

City

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)

Jonathan Lieberman

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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

AMBRAMBR**Name and Address:**Jonathan Lieberman7981 Saddlebrook DrivePort St. Lucie, FL 34986Kenneth Lieberman7981 Saddlebrook DrivePort St. Lucie, FL 34986

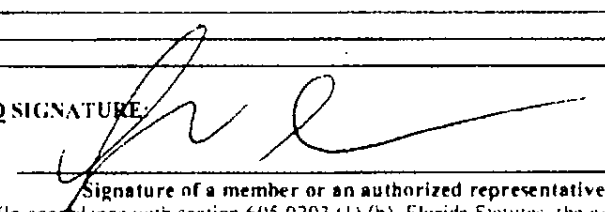
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

  
 Signature of a member or an authorized representative of a member.  
 (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jonathan Lieberman

Typed or printed name of signee

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