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(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:
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COVER LETTER

TO: Registration S Division of Co						
SUBJECT: Countr	y Candles By Stepha	nie, LLC				
	(Name of Limite	d Liability Company)		-		
	of Organization and fee(s) are s	_				
	·	or to the following.				
Stephanie		Name of Person)				
	,	Name of Person)				
Country Ca	andles By Stephanie	<u> </u>				
	•	(Firm/Company)				
19940 SW	V 134 Court				.)	
		(Address)				
Miami, FL	. 33177			**	<u>. </u>	
	(City	//State and Zip Code)				ੂ
For further information	concerning this matter, please	call:		57 571	92 th 129	
Stephanie Moelle	er	at (305) 378-686	8	>		
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	•		
Enclosed is a check for	or the following amount:					
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	tus &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liebility Company	to
The name of the Limited Liability Compan	y is:
Country Candles By Stephanie, LLC	
(Must end with the words "Limited Liability Company, "	'Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19940 SW 134 Court	19940 SW 134 Court
Miami, FL 33177	Miami, FL 33177
business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individual or another the registered agent are:
Stephanie Moeller	Name
	vanie
19940 SW 134 Court	
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)
Miami, FL 33177	FL
City, So	tate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Stephanie Moeller 19940 SW 134 Court Miami, FL 33177
MGR	Daniel Moeller
	19940 SW 134 Court Miami, FL 33177
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
CLE V: Effective date, if other the effective date is listed, the date model of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
•	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephanie Moeller

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)