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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

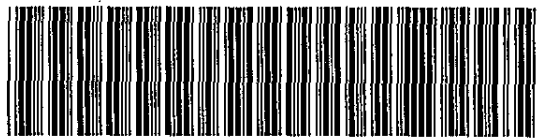
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

W 10/21/04

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Candles in the Wind, LLC
(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:

Douglas J. Donaldson
(Name of Person)

Douglas J. Donaldson, P.C.
(Firm/Company)

223 Lake Avenue, Ste B, PO Box 426
(Address)

Traverse City MI 49685-0426
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Douglas J. Donaldson at (231) 947-6073
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Candles in the Wind, 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:

3918 Kilmarnock Drive

3918 Kilmarnock Drive

Apopka FL 32712

Apopka FL 32712

APPOKA

APPOKA

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

The name and the Florida street address of the registered agent are:

James Williams

Name

3918 Kilmarnock Drive

Florida street address (P.O. Box **NOT** acceptable)

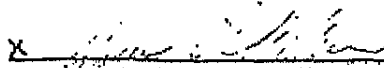
Apopka

Apopka FL 32712

FL

City, State, and 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 608, F.S.

X 

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

Oct 13 04 12:19p

james and cheryl williams 4078141424

p.2

OCT-13-2004 08:53 FROM: FDR LAW

231-932-7351

TO: 4078141424

P. 003/003

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James Williams

3918 Kilnamock Drive

Apopka FL 32712

Apopka FL 32712

MGRM

Cheryl Williams

3918 Kilnamock Drive

Apopka FL 32712

Apopka FL 32712

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

James Williams

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 10.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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