

L00000120357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

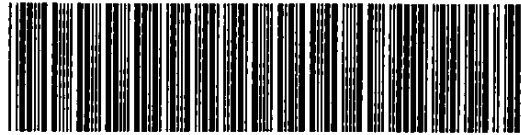
(Business Entity Name)

(Document Number)

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EXPIRATION DATE

12/01/06

12/01/06--01030--031 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 DEC - 1 PM 2:49

~~1000 52018~~

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Three Graces Aromatherapy, 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:

Chariss K. Walker

(Name of Person)

Three Graces Aromatherapy, LLC

(Firm/Company)

2128 Jeannie St.

(Address)

Navarre, FLORIDA 32566-3301

(City/State and Zip Code)

For further information concerning this matter, please call:

Chariss K. Walker

(Name of Person)

at ( 850 ) 939-5423

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

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



EIN #  
13-4349102

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2006

CHARISS K. WALKER  
2128 JEANNIE STREET  
NAVARRE, FL 32566-3301

SUBJECT: THREE GRACES AROMATHERAPY, LLC  
Ref. Number: W06000052348

We have received your document for THREE GRACES AROMATHERAPY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 706A00069424

ENCLOSURE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Three Graces Aromatherapy, 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 principal office of the Limited Liability Company is:

#### Principal Office Address:

2128 Jeannie St.

Navarre, FLORIDA 32566-3301

#### Mailing Address:

2128 Jeannie St.

Navarre, FLORIDA 32566-3301

### 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 individual or another business entity with an active Florida registration.)

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

Chariss K. Walker

Name

2128 Jeannie St.

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

Navarre, FLORIDA 32566-3301 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..*

Chariss K. Walker

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**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:**

MGR

Chariss K. Walker

2128 Jeannie St.

Navarre, FLORIDA 32566-3301

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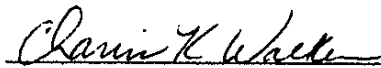
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12-01-06. (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.)

**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.)

Chariss K. Walker

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)**