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C. LEWIS

APR - 9 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C				
SUBJI	₽ ſ T∙	Fragrant 6	Body Oilz	2	
50.00		(Name of Limite	d Liability Comp	oany)	,
The en	closed Articles	of Organization and fee(s) are s	ubmitted for filir	ıg.	
Please	return all corres	pondence concerning this matte	er to the followin	g:	
		Cletus	s "CJ" Joh	nson	
		(Name of Person)		•
			ant Body C	Oilz 2	
		(Firm/Company)		
		311 W. A	Ashley St. (Address)	#1008	
				2000	
			Ville, FL 3		
For fur	ther information	concerning this matter, please	call:		
Cletus "CJ" Johnson			at (904) 536-4831 (Area Code & Daytime Telephone Number)		31
	(Nam	e of Person)	(Area Coo	de & Daytime T	elephone Number)
Enclos	sed is a check f	or the following amount:			
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	рру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	tion Section of Corporatio Building ecutive Center see, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	ipany is:	
Fragrant E	Body Oilz 2 LLC.	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
311 W. Ashley St. #1008	311 W. Ashley St. #1008	
Jacksonville, Ft 32202	Jacksonville, FL 32202	
The name and the Florida street address Fragra	ant Body Oilz LLC Name Value of the registered agent are: A SE	1
9501 A	rlington Expy. #870	,
Florida	etreet address (P.O. Roy NOT acceptable)	Π
Jackso	onville FL 32225 ty, State, and Zip	フ
Ci	ty, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	at and to accept service of process for the above stated limited that this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S	
Benistered Ager	ot'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:

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MGR	Cletus Johnson	
	311 W. Ashley St. #1008	
	Jacksonville, FI 32202	
	•	
<u>.</u>		
	-	

(Use attachment if necessary)		
(Ose attachment if necessary)		

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.)

Cletus "CJ" Johnson

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)