

W09000070364

(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:

W09000032257

2545

Office Use Only

EFFECTIVE DATE

7/03/09



300158254223

07/10/09--01031--004 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 10 PM 4:24

FILED

D. BRUCE

JUL 22 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Cool Candles, 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:

Sarah Sershen

Name of Person

Cool Candles, LLC

Firm/Company

40 Covington Circle

Address

Crawfordville, FL 32327

City/State and Zip Code

sarahsershen@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Sershen

Name of Person

at (850) 766-9291

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Fee, Certificate of Status & Certified Copy (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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2009

SARAH SERSHEN
40 COVINGTON CIRCLE
CRAWFORDVILLE, FL 32327

SUBJECT: FRESH SCENTS, LLC
Ref. Number: W09000032257

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09 JUL 10 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FRESH SCENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 209A00024132

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cool Candles, 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:

40 Covington Circle
Crawfordville, FL 32327

Mailing Address:

40 Covington Circle
Crawfordville, FL 32327

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:

Sarah Sershen

Name

40 Covington Circle

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

Crawfordville 32327 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Sarah Sershen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 7/03/09

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

Sarah Sershen

40 Covington Circle

Crawfordville, FL 32327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/03/2009. (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:

Sarah Sershen

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.)

Sarah Sershen

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 10 PM 4:25

FILED