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C. LEWIS

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EXAMINER

COVER LETTER

TO:

Registration Section

División of Corporations			
_{subject:} Exquisite Arom	nas. LLC.		
SCDGECT:	Name of Limited I	Liability Compar	ny
The enclosed Articles of Organization a	and fee(s) are sub	mitted for filing.	
Please return all correspondence concer	ming this matter t	o the following:	
Shelly Rodes			
	Na	me of Person	
Exquisite Aromas,	LLC.		
	Fir	rm/Company	
7630 SW 100 Ave			
		Address	
Miami, FI 33173			
indiring (1 00 1 1 0	City/St	ate and Zip Code	
shellyrodes05@yahoo			
	ss: (to be used for f	_	i nonneation)
For further information concerning this	matter, please ca	A1:	
Shelly Rodes	ai	786	337-0373
Name of Person		Area Code	& Daytime Telephone Number
Enclosed is a check for the following	g amount:		
\$125.00 Filing Fee \$130.00 Filing Certificate	ing Fee &	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &
Mailing Ade Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Registration Division of Clifton Bu 2661 Exec	of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
Exquisite Aromas, LLC.		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
7630 SW 100 Ave	7630 SW 100 Ave	
Miami, Fl 33173	Miami, FI 33173	
	egistered Office, & Registered Agent's own Registered Agent. You must designate an individ	lual or another
The name and the Florida street address	s of the registered agent are:	ZOII JAN IO SECRETARY
Shelly Rodes		JAN 10 CRETAR) AHASSI
	Name	ASS TO
7630 SW 10	00 Ave	
Florida	a street address (P.O. Box NOT acceptable)	GF STA
Miami	33173	REAL TO THE

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	ŞECRETARY OF S TALEBAHASSEE, FL
MGRM	Shelly Rodes	
	7630 SW 100 Ave Miami, Fl 33173	
	Midill, FI 33173	
	-	The state of the s
(Use attachment if necessary)		
•		(ODTIONAL)
LE V: Effective date, if other	than the date of filing:	(OPTIONAL) han five business days pr
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CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirma I am aware that any factors.)	must be specific and cannot be more to a member of an authorized representative of the cition 608.408(3), Florida Statutes, the execution tion under the penalties of perjury that the facts also information submitted in a document to the	han five business days pr f a member. n of this document stated herein are true.
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirma I am aware that any factors.)	must be specific and cannot be more to a member of an authorized representative of the cition 608.408(3), Florida Statutes, the execution tion under the penalties of perjury that the facts	han five business days pr f a member. n of this document stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)