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SESSETARY OF STATE
TALLATIA SSEC, FLORIG.

COVER LETTER

Division of Corporations						
SUBJECT: MIA FRAGRANCE, LL	C					
	ed Liability Compa	any				
The enclosed Articles of Organization and fee(s) are	submitted for filing	y.				
Please return all correspondence concerning this matt	ter to the following	; :				
Valerie Renee Roe						
	Name of Person		•			
MIA FRAGRANCE, LLC						
	Firm/Company					
2847 Berkshire Circle					2011 NAR 1	
	Address			盖州	TA AA	•
Kissimmee, FL 34743				SS8-	=	Î
	y/State and Zip Code	;	,	- (1) -77	PM	-
valerie@miafragrance.com					ဏ္	
E-mail address: (to be used i	for future annual repo	ort notification)		1	(S)	
For further information concerning this matter, please	e call:					
Valerie Renee Roe	_at (340	690-3944				
Name of Person	Area Code	& Daytime Tele	phone Number			
Enclosed is a check for the following amount:						
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filin Certified Copy (additional copy	ру	\$160.00 Fill Certificate of Certified Co (additional co	of Status opy	&	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Core, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

\mathbf{A}	RT	IC	LE	Ι.	- N	ame
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The name of the Limited Liability Company is:

MIA FRAGRANCE, 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:	<u>Mailing Address:</u>
2847 Berkshire Circle Kissimmee, FL 34743	2847 Berkshire Circle Kissimmee, FL 34743
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the revenue of the Renee Roe	tered Agent. You must designate an individual or another
Name	With my I
2847 Berkshire C	
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
Kissimmee	_{FL} 34743
City, Sta	ate, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Valerie Renee Roe

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)