L12000017289

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phon	e #)
PICK-UP	TIAW [MAIL
(Business Entity Name)		
(Docum	ent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing	g Officer:	·

Office Use Only



000219793070

02/03/12--01010--022 **125.00

FILED

2012 FEB - 3 AM 19: 45

SECRETARY OF STATE
ASSESSED IN THE INTERPORTATION I

C. LEWIS
FEB - 6 2017
EXAMINER

COVER LETTER

Polymer	
SUBJECT: Candles & More of Ce	entral Florida
	ted Liability Company
_	
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Christine Lisa Bradford	
	Name of Person
Candles & More of Centra	al Florida
	Firm/Company
1200 Integra Landings Driv	ve. Apt 309
	Address
Orongo City Florido 22762	
Orange City, Florida 32763	ty/State and Zip Code
info@candlesandmoreofcfl.com	•
	for future annual report notification)
For further information concerning this matter, pleas	e call:
Lisa Bradford	at (386) 215-9410
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sigm\$\$125.00 \text{ Filing Fee } \$130.00 \text{ Filing Fee & Certificate of Status}\$\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
<u>Mailing Address</u>	(additional copy is enclosed) Certified Copy (additional copy is enclosed) Street/Courier Address
Registration Section	Street/Courier Address Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ame: Limited Liability Company is:
	More of Central Florida. 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:	Mailing Address:	
1575 Canopy Lane.	1200 Integra Landings Drive	
Apt 308	Apt 309	
Orange City, Florida 32763	Orange City, Florida 32763	

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:

Lisa Bradford		SEC	2012	
Name		CRE	L.1	
1200 Integra Landings Drive, Apt 309		TARY ASSE	В -3	<u> </u>
Florida street address (P.O. Box NOT acceptable)		ŭ. K		iT)
Orange City	_{FL} 32763	FLC	A	
City, State, and Zip		TATE ORID/	-#- -#-	

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 Signatur (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: 2012 FEB -3 AM 19: 45

Title: "MGR" = Manager	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
"MGRM" = Managing Member		
MGRM	Lisa Bradford	
	1200 Integra Landings Drive, Apt 309	
	Orange City, FL 32763	
MGR	Edgardo Romero	
	1575 Canopy Lane, Apt 308	
	Orange City, FL 32763	

(Use attachment if nagagagan)		

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February, 01, 2012 . (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. 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.)

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)