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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
	·	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
(00	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE

APR 26 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations					
SURJECT. Be Ca	andle Company					
SUBJECT:		d Liability Compar	ıy		-	
The enclosed Articles of	of Organization and fee(s) are su	ubmitted for filing.				
Please return all corresp	pondence concerning this matte	r to the following:				
Kanti D.	Woods					_
	ì	Name of Person				
Be Cand	le Company					
***************************************]	Firm/Company				-
18705 S\	N 25th Court			W.		
		Address			63	<u>-</u>
Miramar E	:1 22020				3	7
Miramar, F		State and Zip Code		- 63	<u>19</u>	- 7482
becandleco	mpany@gmail.com	State and Emp Code		图案	2	A
· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used for	r future annual repor	t notification)	# S		E
For further information	concerning this matter, please	call:			34	
Kanti D. Woods		at (202)	489-5131		_	
Name	of Person	Area Code à	& Daytime Telephone N	lumber		
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	y Certi is enclosed) Certi	0.00 Filing I ificate of Sta ified Copy tional copy is e	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Be Candle Company, LLC.	
(Must end with the words "Limited Lia	bility 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:
18705 SW 25th Court	18705 SW 25th Court
Miramar, FL 33029	Miramar, FL 33029
The name and the Florida street address of the Kanti D. Woods Nam 18705 SW 25th	Court
	address (P.O. Box <u>NOT</u> acceptable)
Miramar	_{FL} 33029
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capact statutes relating to the proper and complete pr	State, and Zip to accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and spistered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Kanti D. Woods
	18705 SW 25th Court
	Miramar, FL 33029
(Use attachment if necessary)	
(Ose attachment it necessary)	
CLE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
effective date is listed, the date must	be specific and cannot be more than five business days
0 days after the date of filing.)	
	I
REQUIRED SIGNATURE:	
4	\bigvee
1 # 1	per or an authorized representative of a member.
Signature of a men	per or an authorized representative of a members.
(In accordance with section 6	08.408(3), Florida Statutes, the execution of this deciment

Kanti D. Woods

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)