

L13000026371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

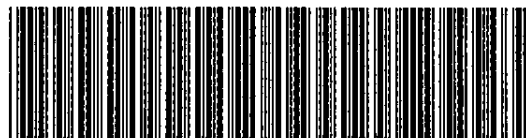
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/19/13--01016--011 \*\*125.00

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2013 FEB 19 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan FEB 20 2013

February 13, 2013

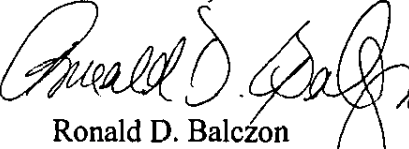
Registration Section  
Division of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Director:

Enclosed you will find the Articles of Incorporation for a new LLC called Emerald Coast Perfumery, LLC, that will be located in Walton County, Florida. Also included is a check for \$125.00 to cover the Filing Fee. If additional information is required, please feel free to contact us at either 850-502-7534 or at [rbalczon@usouthal.edu](mailto:rbalczon@usouthal.edu).

We are excited about beginning our new business in Walton County, and we look forward to a great working relationship with the State of Florida.

Best Wishes,



Ronald D. Balczon  
Emerald Coast Perfumery

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emerald Coast Perfumery, 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:

Ronald D. Balczon

Name of Person

Emerald Coast Perfumery, LLC

Firm/Company

34 Herons Watch Way Unit 1101

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

rbalczon@usouthal.edu

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

For further information concerning this matter, please call:

Mary Anne Balczon

Name of Person

at ( 850 ) 502-7534

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Emerald Coast Perfumery, 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:**

34 Herons Watch Way  
Unit 1101  
Santa Rosa Beach, FL 32459

34 Herons Watch Way  
Unit 1101  
Santa Rosa Beach, FL 32459

**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:

Ronald D. Balczon

Name

34 Herons Watch Way Unit 1101

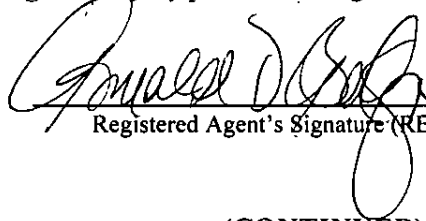
Florida street address (P.O. Box **NOT** acceptable)

Santa Rosa Beach, FL 32459

City, State, and Zip

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SECRETARY OF STATE  
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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

Ronald D. Balczon  
34 Herons Watch Way Unit 1101  
Santa Rosa Beach, FL 32459

MGRM

Mary Anne Balczon  
34 Herons Watch Way Unit 1101  
Santa Rosa Beach, FL 32459

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

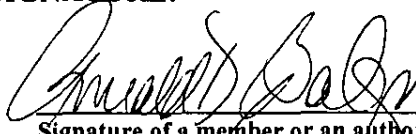
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Ronald D. Balczon

Typed or printed name of signer

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2019 FEB 19 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**