L13000039749

| (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



400244520014

02/11/13--01018--010 **130.00

13 MAR 14 PM I2: 31

B. BOSTICK
MAR 15 2013
EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** Our Two Scents, L.L.C.

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:

Regina M. Klein Name of Person Our Two Scents, L.L. Firm/Company 4644 W. Gandy Blvd., Ste. 4-182 Address Tampa, FL 33611 City/State and Zip Code Regik221@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Regina M. Klein Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee ■\$130.00 Filing Fee & □ \$160.00 Filing Fee, □\$155.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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: | |
|--|--|---|
| Our Two Scents, L.L.C. | s "Limited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | ress of the principal office of the Limited Liabi | ility Company is: |
| Principal Office Address: | Mailing Address: | |
| 4644 W. Gandy Blvd. | 4644 W. Gandy Blvd. | |
| Sie. 4-182 | Ste. 4-182 | |
| Tampa, FL 33611 | Tampa, FL 33611 | |
| The name and the Florida street additional Regina M. Klein 3624 W. Anderson | Name | TALLAHASSE |
| Tampa | lorida street address (P.O. Box <u>NOT</u> acceptable) 83611 | PHIZ: |
| Tanpa | City, State, and Zip | 2: 3 LATI |
| liability company at the place d registered agent and agree to act all statutes relating to the proper | agent and to accept service of process for the all esignated in this certificate. I hereby accept the in this capacity. I further agree to comply with and complete performance of my duties, and I position as registered agent as provided for in Company and the complete for the complete for the company and the complete form and the company and the company are supposed to the company and the company and the company are supposed to the company are supposed to the company and the company are supposed to the company are suppos | appointment as the provisions of am familiar with |

(CONTINUED)

Page 1 of 2

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

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

| MGR | Regina M. Klein |
|--|---|
| | 3624 W. Anderson Ave. |
| | Tampa, FL 33611 |
| MGRM | Lorraine A. Escobar |
| | 12517 St. Charlotte |
| | Tampa, FL 33618 |
| | |
| | |
| | |
| | 2 - <u>2 - </u> |
| | 5. |
| | 工 家 |
| | <u> </u> |
| (Use attachment if necessary) | P. P. |
| (Ose attachment if necessary) | |
| LE V: Effective date, if other than the da | ate of filing:OPTO |
| | e specific and cannot be more than five busi |
| or 90 days after the date of filing.) | ! |

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.)

Regina M. Klein

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2013

REGINA M. KLEIN 4644 W. GANDY BLVD. SUITE 4-182 TAMPA, FL 33611

SUBJECT: OUR TWO SCENTS, L.L.C.

Ref. Number: W13000008714

TILEL

13 MAR IL PH 12: 32

TAT AHASSEE FLORIDA

We have received your document for OUR TWO SCENTS, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Page 1 of 2 missing,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number.

Letter Number: 113A00003443