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N. Quaigan DEC 3 - ZUI3

## COVER LETTER TO: **Registration Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$155.00 Filing Fee & □\$130.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section **Division of Corporations Division** of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
CantonScentsat	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8106 NW 100th TER TAMARAC, FL 33321	SIOG NW 100th TER TAMARAC FL 33321
(The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the TRIS G	→ · · · · · · · · · · · · · · · · · · ·
8106 NW Florida street	100th TERRACE it address (P.O. Box NOT acceptable)
Tamarac	t address (P.O. Box NOT acceptable)  FL 3332  V, State, and Zip
liability company at the place designated registered agent and agree to act in this ca all statutes relating to the proper and com	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Curtis S. Canton Sr. BIOG NW 100+# TER Tamarac, FL 33321
MGR	Iris G. Canton Blob NW 100th TER Tamarac, FL 33321
	ate of filing: (OPTIONAL)  Description and cannot be more than five business days
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.
constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	08(3), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State

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)