

L16000000191

(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



700280537607

01/04/16--01001--014 **125.00

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
16 JAN -4 AM 11:49
NOT RECORDED
16 ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
16 JAN -4 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/04/16

**Ellen E. Schoeler
409 Clareon Drive
Panama City Beach, FL 32413**

January 4, 2016

Florida Secretary of State
2661 Executive Center Cir.
Tallahassee, FL 32301

16 JAN -4 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RE: Document # L12000110872 SeaGrass Candles LLC

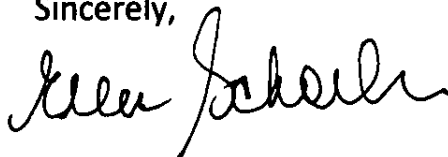
To Whom it May Concern:

I am member of the above referenced LLC that was dissolved effective December 31, 2015. I would like to request that I be re-issued the name of SeaGrass Candles LLC effective on January 4, 2016 or the next earliest date possible.

I understand and agree that the name will be re-issued under a new document number and that I am not requesting it be re-issued under the previous (above referenced) document/federal ID number.

Thank you.

Sincerely,



Ellen Schoeler

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SeaGrass Candles 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:

Ellen E. Schoeler

Name of Person

SeaGrass Candles LLC

Firm/Company

409 Clarendon Dr.

Address

Panama City Beach, FL 32413

City/State and Zip Code

neelschoeler@gmail.com

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

For further information concerning this matter, please call:

Ellen Schoeler at (720) 299, 1275

Name of Person

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

Seagrass Candles 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:

409 Clareon Dr.
Panama City Beach, FL 32413

same

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:

Ellen Schweier

Name

409 Clareon Dr.

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

Panama City Beach, FL 32413

City

State

Zip

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 605, F.S.

Ellen E. Schweier
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN -4 PM 12:01

RECEIVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Ellen Schweler

409 Clarcon Dr.

Panama City Beach, FL 32413

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ellen E. Schweler

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN -4 PM 12:01

RECEIVED
AND
FILED