L16000094281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/19/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hush Candles and Soaps
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:

Gavin Ramon Harvey
Name of Person

Hush Candles and Soaps
Firm/Company

17031 Ongar Court
Address

Land O Lakes/FL 34638
City/State and Zip Code

gharvey@hushcandlesoaps.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gavin R Harvey at (813) 420-5391
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

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16 MAY 18 PM 1:03

* corrected original attached

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2016

GAVIN RAMON HARVEY
17031 ONGAR COURT
LAND O LAKES, FL 34638

SUBJECT: HUSH CANDLES AND SOAPS LLC
Ref. Number: W16000031284

We have received your document for HUSH CANDLES AND SOAPS LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one (1) registered agent is needed and only one (1) can sign.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 116A00009337

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16 MAY 18 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 MAY 18 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2016

GAVIN RAMON HARVEY
17031 ONGAR COURT
LAND O LAKES, FL 34638

We have received your document for HUSH CANDLES AND SOAPS LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 716A00008771

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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16 MAY 18 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

Hush Candles and Soaps 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:**
17031 Ongar Court	17031 Ongar Court
Land O Lakes, FL 34638	Land O Lakes, FL 34638

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:

Gavin Ramon Harvey
Name

17031 Ongar Court
Florida street address (P.O. Box **NOT** acceptable)

Land O Lakes	FL	34638
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Gavin Ramon Harvey 17031 Ongar Court Land O Lakes, FL 34638
AMBR	Nicole Harvey 17031 Ongar Court Land O Lakes, FL 34638

(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:

Gavin R Harvey

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.

Gavin Ramon Harvey
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)

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