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JIVISION OF CORPORATION

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SCUNETARY OF STATE

### ... COVER LETTER

	Scents Makes Sense, LLC					
SUBJEC	T:	me of Limited Liab	ility Company			
	Na	me or Emmed Erac	mity Company			
The enclo	osed Articles of Organization and	fee(s) are submitte	ed for filing.			
Please ret	urn all correspondence concerni	ng this matter to the	following:			
	Mary Ann Ruland					
		Name	of Person		-	
		Firm/0	Company		-	
	5638 Sweet Birch Lane					
		Ad	dress		-	
	Milton, FL 32583					
		City/State a	and Zip Code		-	
	maryannruland7@gmail.com				_	
	E-mail address: (to	o be used for future	annual report notificat	ion)		
For further	information concerning this mat	ter, please call:				
	Mary Ann Ruland	850 at (	6861015	F 50	<del>-</del>	THE STORY OF CO
	Name of Person	Area Code	Daytime Telephon	e Number	NUL	⊋ 3:
Englosed	is a about for the fallowing area			ASSI	8	F 00
	is a check for the following amo Filing Fee \$130.00 Filing Certificate of \$	Fee & \$155 Status Certi	fied Copy mal copy is enclosed)	S160.00 Filing Fee.  Certificate of States Certified Copy (additional copy is are to	AM 9: 21	)元でロスポージコー
	Mailing Address New Filing Section		Street Address New Filing Section	•		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

ARTICLE 1 - Name:

Scents Makes S				
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and str	eet address of the principal o	ffice of the Limited	Liability Company is:	
<u>Pr</u> i	ncipal Office Address:		Mailing Address:	
5638 Sweet Bird	5638 Sweet Birch Lane		5638 Sweet Birch Lane	
Milton, FL 3258	83	Mile	Milton, FL 32583	
The Limited Liability Com		Registered Agent. \	it's Signature: You must designate an individual o	
The Limited Liability Com mother business entity with	pany cannot serve as its own han active Florida registration treet address of the registered	Registered Agent. \on.)	it's Signature: You must designate an individual o	
The Limited Liability Com another business entity with	pany cannot serve as its own h an active Florida registratio	Registered Agent. \on.) dagent are:	it's Signature: You must designate an individual c	
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered	Registered Agent. \on.)	it's Signature: You must designate an individual o	
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered	Registered Agent. Von.) d agent are: Name	nt's Signature: You must designate an individual o	
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered Mary Ann Ruland	Registered Agent. Yon.) I agent are: Name	You must designate an individual o	
(The Limited Liability Com another business entity with	pany cannot serve as its own han active Florida registration treet address of the registered Mary Ann Ruland  5638 Sweet Birch La	Registered Agent. Yon.) I agent are: Name	You must designate an individual o	

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 defices, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

JIVISION OF CORPORATION

## Name and Address: "AMBR" = Authorized Member "MGR" = Manager Mary Ann Ruland MARYHNN KULANO 5638 Sweet Birch 5638 Sweet Birch Lane Milton, FL 32583 (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, **REOUIRED 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 States 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.

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

#### Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Mary Ann Ruland