

L190000065867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

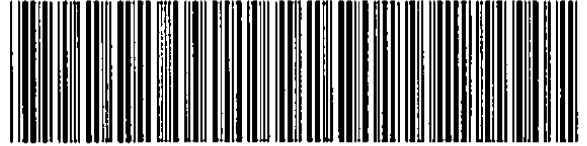
(Business Entity Name)

(Document Number)

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19 MAR 15 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 15 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Myscentsei 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:

Wilfredo Gonzalez

Name of Person

Myscentsei LLC

Firm/Company

19390 Collins Avenue, Apt No 520

Address

Sunny Isles, FL 33160

City/State and Zip Code

myscentsei@gmail.com

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

For further information concerning this matter, please call:

Wilfredo Gonzalez

917

698-2457

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2019

WILFREDO GONZALEZ
19390 COLLINS AVENUE, APT NO. 520
SUNNY ISLES, FL 33160

SUBJECT: MYSCENTSEI, LLC
Ref. Number: W19000019421

We have received your document for MYSCENTSEI, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

VERIFY THE NAME IN ARTICLE I (SEE PRINOUT)

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 019A00004102

Myscentsei, Inc.

19390 Collins Ave
Apt # 520
Sunny Isles, Florida 33160

Secretary of State
PO Box 6327
Tallahassee, FL 32314

RE: Myscentsei, Inc.
Document Number: P17000001311

Dear Reader:

Myscentsei, Inc. was formed on January 01, 2017. According to my records it was formed as a corporation and not a Limited Liability Company. The intent was to be an Limited Liability Company.

The corporation was administratively dissolved. I will not be using this corporation again. However, I want to form a Limited Liability Company with the enclosed application.

Sincerely,

Wilfredo Gonzalez

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MYSCENTSEI LLC

(Must contain 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:

19390 COLLINS AVENUE

APT 520

SUNNY ISLES, FL 33160

19390 COLLINS AVENUE

APT 520

SUNNY ISLES, FL 33160

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:

WILFREDO GONZALEZ

Name

19390 COLLINS AVE., APT 520

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

SUNNY ISLES

FL

33160

City

State

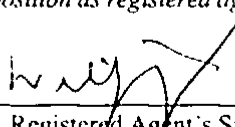
Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

WILFREDO GONZALEZ

19390 COLLINS AVE., APT 520

SUNNY ISLES, FL 33160

KRISTY GONZALEZ

19390 COLLINS AVE., APT 520

SUNNY ISLES, FL 33160

(Use attachment if necessary)

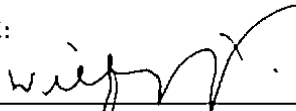
ARTICLE V: Effective date, if other than the date of filing: MARCH 8, 2019. (OPTIONAL)

(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.

WILFREDO GONZALEZ

Typed or printed name of signer

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA