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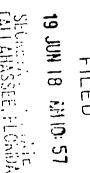
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Certified Copies Certificates of Status
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JUL 1 _ 2019

COVER LETTER

	ew Filing Section ivision of Corporations					
SUBJECT	The Spirit Candle Company L	LC				
SUBJECT	Name of Limited Liability Company					
The enclose	ed Articles of Organization and fo	ec(s) are submitt	ed for filing.			
Please retu	rn all correspondence concerning	this matter to th	e following.			
	Michael L. Conn					
		Name	of Person			
		*·· /				
	1885 Shore Drive S Apartment		Company			
	Address					
	South Pasadena, FL 33707					
	mlc21@msn.com	City/State	and Zip Code			
_	E-mail address. (to b	be used for futur	e annual report notification)			
For further in	nformation concerning this matter	r, please call:				
	Michael L. Conn	678	977-5717			
	Name of Person		Daytime Telephone Number			
linelosed is	s a check for the following amoun	ıt:				
]\$ 125.00 Fi	ling Fee \$130,00 Filing Fe Certificate of Sta	itus ——Cert	5,00 Filing Fee & \$160,00 Filing Fee, diffied Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address		Street Address			
	New Filing Section Division of Corporations		New Filing Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

FE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Spirit Candle Company 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:

Princ	ipal (Office	Address:

Mailing Address:

1885 Shore Drive S	1885 Shore Drive S
Apartment 135	Apartment 135
South Pasadena, FL 33707	South Pasadena, FL 33707

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:

	Name		
214 South Lucerne Cir East			
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)	
Orlando	FL	32801	

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 Sign ture (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Michael L. Conn 1885 Shore Drive S Apartment 135 South Pasadena, FL 33707
	19 AL
	FILED FILED
(Use attachment if necessary)	ED ST
If an effective date is listed, the date must be some date of filing.) Note: If the date inserted in this block does not	e of filing:
the document's effective date on the Departmen ARTICLE VI: Other provisions, if any.	t of State's records.
REQUIRED SIGNATURE:	
This document is execu I am aware that any fals	the or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	Filing Fees:

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

- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)