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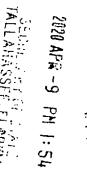
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COVER LETTER

	New Filing Sec Division of Cor		
SUBJEC	The Solo C		
SUBJEC	J1:	Name of Limited Liability Company	
The encl	osed Articles of	Organization and fee(s) are submitted for filing.	
Please re	eturn all correspo	ondence concerning this matter to the following:	
	Katelin Lobe	erg	
		Name of Person	_
			_
		Firm/Company	
	12960 Langs	staff Drive	
		Address	-
	Windermere	e, Florida 34786	
		Cstp//State and Zip Code	_
	thesolocandle	eco@gmail.com	_
	i	E-mail address: (to be used for future annual report notification)	
For furthe	er information co	oncerning this matter, please call:	
	Katie Loberg	g 407 750-7757 at ()	
	Nam	ne of Person Area Code Daytime Telephone Number	
Enclose	d is a check for t	the following amount:	
√ \$125	.00 Filing Fee	□S130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □S160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	Š:

Mailing Address

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

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
The Solo Candle Co.		- <u></u> -		
(Must cone	itin the words "Limited	Liability Com	pany, "L.L.C" or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	office of the L	mited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
12960 Langstaff Dr.	Windermere, Fl 34786		12960 Langstaff Dr. Windermere, Fl 347	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	n Registered A	d Agent's Signature: gent. You must designate an individual or	
The name and the Florida street	address of the registere	d agent are:		
	Katelin Loberg	_		
		Name		
	12960 Langstaff Dr			
	Florida street addre	ss (P.O. Box	SOT acceptable)	
	Windermere	FL	34786	
	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	Katelin Loberg		
	12960 Langstaff Dr		
	Windermere, FL 34786		
	K 1 C 1 1		
AMBR	Kvle Sobash Windermore, FL 34780 12960 Langstaff Dr	<u>-</u>	
	Windermere, FL 34786		
	-		
(1)			
(Use attachment if necessary)			
effective date is listed, the date mus te of filing.) If the date inserted in this block doe	t be specific and cannot be more than five business days prior to not meet the applicable statutory filing requirements, this date retirent of State's records	to or 90 days	
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COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT	The Solo Candle Company			
30031.01		f Limited Liabil	ity Company	
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.	
Please retu	rn all correspondence concerning th	is matter to the	following:	
	Katelin J. Loberg			
		Name of	Person	 .
		Firm/Co	ompany	
	12960 Langstaff Drive			
		Addr	ress	
	Windermere, Fl, 34786			
	thesolocandleco@gmail.com	City/State an	d Zip Code	
•	E-mail address: (to be	used for future a	annual report notificati	ion)
For further i	nformation concerning this matter, p	lease call:		
	Katelin J. Loberg	407	750-7757	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed is	s a check for the following amount:			
	Filing Fee S130.00 Filing Fe Certificate of Status Y Paid	s Certifi	5.00 Filing Fee & ed Copy al 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 Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

([VIU	seconatin the words. Pillitted PigDi	oility Company, "L.L.C.," or "LLC.")	
`			
ARTICLE II - Address:			
he mailing address and s	reet address of the principal office	e of the Limited Liability Company is:	
<u>P</u>	rincipal Office Address:	Mailing Address:	
12960 Langsta	er Daires	12960 Langstaff Drive	
12960 Langstaff Drive Windermere, FL, 34786		12700 Edilgadii Diive	
Windermere, I ARTICLE III - Register The Limited Liability Co nother business entity w	L. 34786 ed Agent, Registered Office, & Ro	Windermere, FL 34786 Registered Agent's Signature: gistered Agent. You must designate an individual	dual or
Windermere, I ARTICLE III - Register The Limited Liability Co nother business entity w	ed Agent, Registered Office, & Rempany cannot serve as its own Registh an active Florida registration.)	Windermere, FL 34786 Registered Agent's Signature: gistered Agent. You must designate an individual	dual or
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(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Katelin J. Loberg 12960 Langstaff Drive Windermere, FL 34786
AMBR	Kyle A. Sobash 12960 Langstaff Drive Windermere, FL 34786
(Use attachment if necessary)	· CC! (OPTIONAL)
(If an effective date is listed, the date must be the date of filing.)	ate of filing:
ARTICLE VI: Other provisions, if any.	o Candle as we originally had listed in our AOO.
REQUIRED SIGNATURE:	D. Loly
This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Kateli	Typed or printed name of stance

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)