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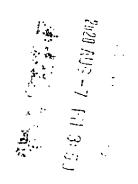
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE G



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2020 AUG II PM 3: 43

## FLORIDA DEPARTMENT OF STATE ST

August 10, 2020

CORPORATE ACCESS, INC.

SUBJECT: TOP FRAGRANCES DEPOT.COM, LLC

Ref. Number: W20000087185

We have received your document for TOP FRAGRANCES DEPOT.COM, 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):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6051.

('aspected

Yvette Scott Document Specialist II

Letter Number: 120A00014980

Not Qualifying Please file new LLC

### FILED

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

2020 AUG 11

OF STATE SSEE, FL

ARTICLE I - Name:	11 904 9362
The name of the Limited Liability Company is:	SECRETARY TALLAHAS
Top Fragrances Depot, LLC	
(Must contain the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
236 E 6TH AVE	SAME
TALLAHASSEE, FL 32303	
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:
CORPORATE ACCE	ESS, INC
Name	:
236 E 6TH AVE	

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.

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

FL

State

TALLAHASSEE

City

Registered Agent's Signature (REQUIRED)

32303

Zip

(CONTINUED)

AR	пст	Æ	ĮΥ
The	nam	e a	nd

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

Title:	Name and Address:
"AMBR" = Authorized Memb "MGR" = Manager MGR	TOP FRAGRANCES DEPOT.COM, LLC 236 E 6TH AVE TALLAHASSEE, FL. 32303
	SECRETARY OF STATIFICATION OF STATIFICAT
(Use attachment if necessary)	——————————————————————————————————————
If an effective date is listed, the date m he date of filing.)	n the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE	A

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.

#### DANNY BENNETT, AUTHORIZED REPRESENTATIVE

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)

S 5.00 Certificate of Status (Optional)