

L200000232290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

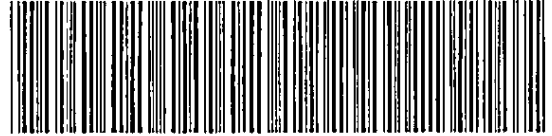
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W200000087185

Office Use Only



900349439119

900349439119
08/10/20--01004--005 **125.00

2020 AUG -7 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 11 AM 8:30

N CULLIGAN

AUG 1 2020

FILED



RECEIVED

2020 AUG 11 PM 3:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Yvette Scott
Document Specialist II

Letter Number: 120A00014980

Corrected

*Not Qualifying
Please file new
LLC*

FILED

2020 AUG 11 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Top Fragrances Depot, 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:

236 E 6TH AVE
TALLAHASSEE, FL 32303

SAME

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:

CORPORATE ACCESS, INC

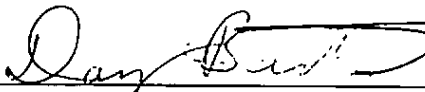
Name

236 E 6TH AVE

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

<u>TALLAHASSEE</u>	<u>FL</u>	<u>32303</u>
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)

