## L21000161416

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ POR-02 WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



500364269195

2021 APR 16 AH 11:00

500354259195 04/16/21--01008--008 \*\*125.00

## COVER LETTER

TO: New Filing Section

Division of Corporations
SUBJECT: StD Oils And FRAGRANCE LLC
SUBJECT: 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:
<b>\</b>
Derrick Donaldson
Name of Person
Firm/Company
† and Company
2201 Windermere Rd
Address
TAII, FIA. 32311  City/State and Zip Code  Shadonaldson Quahoo. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Shadonaldson acjohoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dennick Donaldson, 850, 544-9404
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓S125 00 Filing Fee ☐S130.00 Filing Fee & ☐S155.00 Filing Fee & ☐S160.00 Filing Fee, Certificate of Status &
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 APR 16 相目: 00

ARTICLE I - Name: The name of the Limited Liability Company is:			SECRETARY OF STATE TALLAMPS SEE, FL
SFD Oils And (Must contain the words "Lim	FRAGRANCE ited Liability Company.	LLC." 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:
2201 Windermene Rd	2201 Windermene Rd
TAIT, Fla. 32311	Tell, FlP. 32311

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:

Dernick	Donalds	S.L.
	Name	o /
2201 Wike	ess (P.O. Box NO	<u>C.e.</u> Tacceptable)
Toll	FLA	32311
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. Thereby 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)

Title: "AMBR" = Authorized Member "MGR" = Manager MAPACCA	Dernick Donaldson 2201 Windenhene Rd	
	Tall, Fla 33311	
		2021 SEC
	5, 3:	2021 APR 16 AHTT: OO SECRETAAN DE STATI
	· · · · · · · · · · · · · · · · · · ·	
	<u></u>	II: 01
		- M O
(Use attachment if necessary)		
TICLE V: Effective date, if other than the date	of filing:	r dare afti
	neet the applicable statutory filing requirements, this date will no	
CTICLE VI; Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a m	nember or an authorized representative of a member.	
This document is execu	ated in accordance with section 605.0203 (1) (b), Florida Statutes se information submitted in a document to the Department of State	

Filing Fees:

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

§ 30.00 Certified Copy (Optional)

ARTICLE IV-

§ 5.00 Certificate of Status (Optional)