L21000387853

(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:

Office Use Only



000372228660

201 Jr 27 F110: 10



COVER LETTER

TO:

New Filing Section

P.O. Box 6327

Tallahassee, FL 32314

2001 Jun 27 EVIN: 43 Division of Corporations Bee's Beautiful Blends Candle Common, J. L. SUBJECT: Name of the A. Last fry Company The enclosed Articles of Organization and fee(s) are salamitted for filing. Please return all correspondence concerning this matter to the following: Deberah Mobley Name of Person Bee's Beautiful Blends, Candle Company LLC Firm/Company 9009 Great Heron Circle Address Orlando, FL 32836 City/State and Zip Code demob2@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah Mobley Name of Person Enclosed is a check for the following amount: ▼\$130.00 Filing Fee & Certificate of Status □S155.00 Filing Fee & □\$160.00 Filing Fee, □\$125.00 Filing Fee Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address Mailing Address New Filing Section Division **New Filing Section** The Centre of Tallahassee Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				** **	
he name of the Limited Liabil	ity Company is:			0.701	
				2771 July 27	$f \cap \theta +$
	nds Candle Company Ll				
(Must cor	natin the words "Limited	L ability Company.	, "L.L.C.," or "LLC.")	_	
RTICLE II - Address:					
he mailing address and street	address of the principal c	office of the Limited	d Liability Company is:		
Principal Office Address:			Mailing Ado	dress:	
9009 Great Heron Circle			9 Great Heron Circle		
Orlando, FL 32836			ando, FL 32836		
he name and the Florida stree	t address of the registere Deborah Mobley	d agent are:			
	Debotan Mobiley	Name			
	9009 Great Heron Circle				
Florida street address (P.O. Box NO)			acceptable)		
	Orlando	FL	32836		
	City	State	Zip		
aving been named as registered ace designated in this certificat rther agree to comply with the p n familiar with and accept the o	e. I hereby accept the apporovisions of all statutes (pointment as registed velating to the prope	red agent and agree to ac r and complete performa	et in this capacity. I nce of my duties, an	,
	Dehora	L Mol	ley	_	
	Regis	tered Agent's Signa	iture (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	
AMBR	Deborah Mobley
	9009 Great Heron Circle
	Orlando, FL 32836
	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
CLE V: Effective date if other than t	he date of filing: (OPTIONAL)
effective date is listed, the date mus	t be specific and cannot be more than five business days prior to or 90 days after
ite of filing.)	
	es not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Depa	rtment of State's records.
CLE VI: Other provisions, if any.	
CLE VI. Offici provisions, if any.	
REQUIRED SIGNATURE:	1
(1,) of $(0,)$	cel Molelle
	cer voule
	of a member or an authorized representative of a member.
i am aware mai a	s executed in accordance with section \$05.0203 (1) (b), Florida Statutes.
	ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
constitutes a third	ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
	ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.

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)