

122000111458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

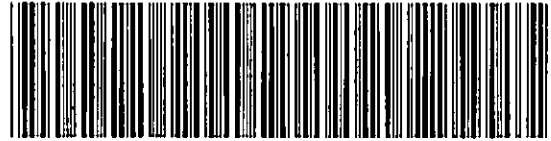
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12200010047

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3/15/22

2022 MAR 17 PM 12:52

FILED

122000111458

✓

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Six Mile Cookie LLC
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:

Scott Olson

Name of Person

Six Mile Cookie LLC

Firm/Company

2331 Delia Dr

Address

Salt Lake City, UT 84109

City/State and Zip Code

northerindian@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Olson

801

557-5786

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Six Mile Cookie 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:

Brian Woodruff

Scott Olson

Tanner Olson

3668 Hampton view, salt lake city, UT 84110

2331 Delia Dr, salt lake city, UT 84109

2331 Delia Dr, salt lake city, UT 84109

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:

Tilden & Prohivens P.L.

Name

431 12th Street West, Suite 204

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

Bradenton

Florida

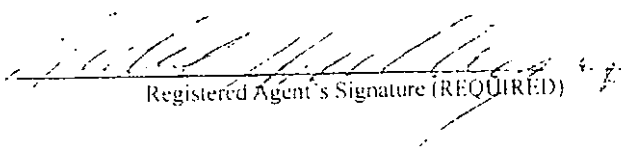
34205

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

BRUCE WOODRUFF
3668 HAMPTON VIEW CT
SALT LAKE CITY, UT 84109

AMBR

SCOTT OLSON
2331 DELIA DR
SALT LAKE CITY, UT 84109

AMBR

TANNER OLSON
2331 DELIA DR
SALT LAKE CITY, UT 84109

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Scott Olson

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.

Scott Olson

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)
- \$ 5.00 Certificate of Status (Optional)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2022

SCOTT OLSON
2331 DELIA DR
SALT LAKE CITY, UT 84109

SUBJECT: SIX MILE COOKIE LLC
Ref. Number: W22000010047

We have received your document for SIX MILE COOKIE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document must contain only one principle office address and only one registered agent.

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) 245-6052.

Karen Lovelace
Regulatory Specialist II

Letter Number: 622A00002437

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