

L230 00035318

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2023 JAN 10 AM 8:17  
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D. O'KEEFE

JAN 26 2023

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SCONES & SUCH 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:

GILLIAN HEPPLER  
Name of Person

SCONES & SUCH LLC  
Firm/Company

5712. SPLIT OAK LANE  
Address

TALLAHASSEE, FL, 32303  
City/State and Zip Code

gillctaylor@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILLIAN HEPPLER at ( 850 ) 544-0659  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCONES & SUCH 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:

5712 SPLIT OAK LANE  
TALLAHASSEE  
FL 32303

Mailing Address:

5712 SPLIT OAK LANE  
TALLAHASSEE  
FL 32303

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:

GILLIAN HEPPLE

Name

5712 SPLIT OAK LANE

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

TALLAHASSEE FL 32303

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.*

GC Hepple

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JAN 10 AM 8:17  
TALLAHASSEE, FL 0611

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

GILLIAN HEPPLE  
5712 SPLIT OAK LANE  
TALLAHASSEE FL 32303

\_\_\_\_\_

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2023 JAN 10 AM 8:17  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JAN 1ST 2023 (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:**

GCHeppeh

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.

GILLIAN HEPPLE

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)