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(Requestor's Name)

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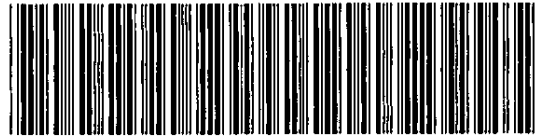
(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
JUL 9 2009  
EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Advanced Incorporating Service, Inc.**

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: orders@advancedincorporating.com  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

NAME OF ENTITY

Wildflowers II, LLC

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**PICK ONE:**

CERTIFIED COPY  PHOTOCOPY

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CORPORATION  LLC  LIMITED PARTNERSHIP  GENERAL PARTNERSHIP  
 FICTITIOUS NAME  SERVICEMARK/TRADEMARK  AMENDMENT  
 FOREIGN QUALIFICATION  JUDGMENT LIEN  
 OTHER \_\_\_\_\_

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of \_\_\_\_\_

**APOSTILLE/CERTIFICATION REQUEST:**

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 7/9/09 TIME 2:00

Notes: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
WILDFLOWERS II, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**WILDFLOWERS II, LLC**

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**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: **4916 New Providence Avenue, Tampa, Florida 33629.**

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the members. The name and address of the managing member is:

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**John Q. Stauffer, M.D.  
4915 New Providence Avenue  
Tampa, Florida 33629**

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

**IN WITNESS WHEREOF**, these Articles of Organization have been signed, as Managing Member, by: **John Q. Stauffer, M.D.**

Dated this 20<sup>th</sup> day of June, 2009.

  
\_\_\_\_\_  
**John Q. Stauffer, M.D.  
Managing Member**

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 30 day of June, 2009, by  
**John Q. Stauffer, M.D.**, who has produced a Florida Driver License as identification.

*Cathy Ann Broadhead*

Notary Public

My commission expires:



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **WILDFLOWERS II, LLC**
2. The name and address of the registered agent and office is:

**Jeffrey M. Lasman, Esquire  
LASMAN LAW FIRM, P.A.  
6152 Delancey Station Street, Suite 205  
Riverview, Florida 33578**

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.

  
\_\_\_\_\_  
Jeffrey M. Lasman

6/30/09  
(Date)