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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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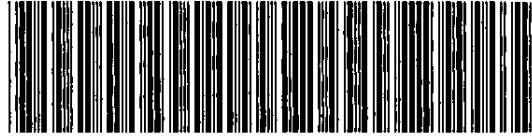
(Business Entity Name)

(Document Number)

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04/27/16

**COVER LETTER**

**Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**SUBJECT: Flower Nation.Net, LLC**

Enclosed are an original and one (1) copy of the articles of organization and a check for \$160.00.

**FILING FEES:**

\$125.00

Filing fee for Articles of Organization and  
Designation of Registered Agent

\$30.00

*Certified Copy*

\$5.00

Certificate of Status

FROM: Keith Watts  
2265 NE 9<sup>th</sup> Avenue  
Wilton Manors, FL 33305  
Telephone: 954-551-4628  
[Kwatts702@hotmail.com](mailto:Kwatts702@hotmail.com)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLOWER NATION, NET, LLC  
(Must end with 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:**

2265 NE 9th AVENUE  
WILTON MANORS, FL  
33305

2265 NE 9th AVENUE  
WILTON MANORS, FL  
33305

**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:

KEITH WATTS  
Name

2265 NE 9th AVENUE  
Florida street address (P.O. Box **NOT** acceptable)

WILTON MANORS FL 33305  
City 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..*

Keith Watts  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 FEB 21 PM 12:09  
STATE OF FLORIDA  
SECRETARY OF STATE

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Keith Watts  
2265 NE 9th Avenue  
Wilton Manors, FL 33305

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
MAY 21 2012  
99

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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.

N/A

**REQUIRED SIGNATURE:**

Keith Watts

**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.

Keith Watts

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)**