

L18 000 075 994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

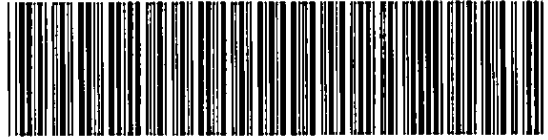
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100310246221

03/16/18--01011--025 \*\*125.00

D. O'KEEFE  
MAR 27 2018

FILED  
18 MAR 16 AM 7:16  
CLERK OF COURT  
TALLAHASSEE, FLORIDA



**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Blooming Daisies Crafts, 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:

Debra M. Bloomer  
Name of Person  
Blooming ~~Daisies~~ <sup>Daisies</sup> Crafts LLC  
Firm/Company  
3406 SW 25th Court  
Address  
Cape Coral, FL 33914  
City/State and Zip Code  
Debbie@DMBTAB.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Bloomer                      239                      880-1801  
Name of Person                      at (                      )                      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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blooming Daisies Crafts 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:

3406 SW 25th Court  
Cape Coral, FL 33914

Mailing Address:

3406 SW 25th Court  
Cape Coral, FL 33914

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:

Debra M. Bloomer  
Name

3406 SW 25th Court  
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral, FL 33914  
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.*

*Debra Bloomer*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 MAR 16 AM 7:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**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:**

Debra M. Bloomer

3406 SW 25th Court

Cape Coral, FL 33914

MGR

Brittany Eadie

3406 SW 25th Court

Cape Coral, FL 33914

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*Debra Bloomer*

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.

Debra M. Bloomer

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAR 16 AM 7:16

FILED

*Handwritten notes*

