FEI Number: 46-0730725			Certificate of Status Desired: No		
Name and Ad	dress of Current Registered Agent:				
		stered office or regi	stered agent, or both, in the State of Florida.		
SIGNATURE:	HOMER CRUICKSHANK		04/05/2023	3	
	Electronic Signature of Registered Agent		Date	-	
Authorized Pe	erson(s) Detail :				
Titlo	ACP	Titlo	MCDM		

DOCUMENT# L12000105440

Entity Name: 'I DO" FLOWERS LLC

Current Principal Place of Business:

968 SW DEL RIO BLVD PORT SAINT LUCIE, FL 34953

Current Mailing Address:

968 SW DEL RIO BLVD PORT SAINT LUCIE. FL 34953 US

FE

Na

Authorized Person(s) Detail :						
Title	MGR	Title	MGRM			
Name	CRUICKSHANK, RHONA L	Name	CRUICKSHANK, HOMER			
Address	968 SW DEL RIO BLVD	Address	968 SW DEL RIO BLVD			
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RHONA CRUICKSHANK

MANAGER

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 05, 2023 **Secretary of State** 9356884517CC