Meliant P.O. Bo	LOOOO Exotic Plower Poequestor's Name DX 522324 Address	O 29 artners, uc	01
City/State	Phone # NAME(S) & DOCUMENT NU	Office Use	Only
2(Cor	poration Name) (I	Document #) Document #) Document #)	<u>. 11 </u>
☐ Walk in ☐ Mail out	Pick up time Will wait Photocopy	Certified Copy Certificate of Sta	atus
Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/ Dire Change of Registered Agent Dissolution/Withdrawal Merger		SETRETARY OF STATE DIVISION OF CORPORATIONS OI FEB 22 AM 10: 31
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	0000037. -02/23/0; ****200.	48140 ——5 101003003 00 ****150.00

CR2E031(1/95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 2, 2001

RELIANT EXOTIC FLOWER PARTNERS, LLC P.O. BOX 522324 MIAMI, FL 33152-2324

SUBJECT: RELIANT EXOTIC FLOWER PARTNERS, LLC

Ref. Number: W01000002516

We have received your document for RELIANT EXOTIC FLOWER PARTNERS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

You cannot list a d/b/a name on the Conversion or on the Articles of Organization, please remove "R&E FLORAL XPRESS" from the documents. If you are going to use a d/b/a, you must file a Fictitious Name Registration. The filing fee for a Fictitious Name Registration is \$50.00, the forms are enclosed.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 301A00006474

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document	was:	
RELIANT EXOTIC FLOWER PARTNERS		
	<u></u>	÷.
SECOND: The date on which and the jurisdiction in which the unincorporated business was created or otherwise came into being are: A. Date: B. Jurisdiction: FLORIDA C. If different from the above noted jurisdiction, the jurisdiction immediately prints conversion:		<u>.</u>
THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of organization is:		
RELIANT EXOTIC FLOWER PARTNERS, LLC	· ·	
Signature of a Member or an Authorized Representative of a Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Saudra Abreus Gourane 22 Typed or Printed Name of Signee	DIVISION OF CL	
FILING FEES: \$100.00 Elling Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation \$ 25.00 Filing Fee for Certificate of Conversion \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) FIGHTIOUS Name Registration	AM IO: 31	Dr. GTATE

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

RELIANT EXOTIC FLOWER PARTNERS,

ARTICLE I - Name:

ARTICLE II - Address:

	reet address of the principal	office of the Limited	d Liability Compar	ny is:
) PO BOX 52		(LOCATION)	7371 NW	35 THRE
MIBMI, FR	- 33152-2324		MIAMI, F	2 33/22
ARTICLE III - Registere	ed Agent, Registered Office	e, & Registered Age	nt's Signature:	
The name and the Florida	Street address of the register OVICION M. ANT Name 118 Sidonia : Florida street address (P.O.	DLADES e # Z Box NOT acceptable)		
	CORAL GAB/= City, State,	and Zip		•
liability company at the pl registered agent and agree statutes relating to the pro	gistered agent and to accept lace designated in this certifice to act in this capacity. I full per and complete performant my position as registered age Registered A	cate, I hereby accept rther agree to comply nce of my duties, and I	the appointment as with the provision I am familiar with	s 1s of all and
	nt (Check box if applicable y Company is to be managed anaged company.		more managers an	nd is,
(An addi	tional applete must be appled)if an effective date is	s(rèquested)	

Filing Fees:

that the facts stated herein are true.)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)