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Division of Corporations

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Florida Department of State

Division of Corporations

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(((H02000156696 5)))

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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : RASCO, REININGER, PEREZ & ESQUENAZI, P.L.

Account Number : 104076000124

Phone : (305) 476-7100

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DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY

Yoka Flowers Las Olas, LLC

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

ARTICLE I. Name

The name of the Limited Liability Company is:

YOKA FLOWERS LAS OLAS, LLC

ARTICLE II. - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

1509 Las Olas Boulevard
Fort Lauderdale, Florida 33301

**ARTICLE III. - Registered Agent, Registered Office,
& Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Miami Corporate Systems, Inc.
283 Catalonia Avenue, 2nd Floor
Coral Gables, Florida 33134**

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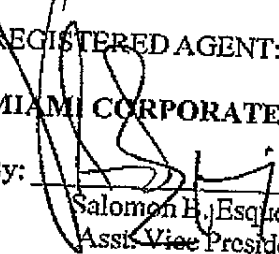
Audit No. H02000156696 5
This instrument was prepared by:
Salomon B. Esquenazi, Esq.
Rasco Reininger Perez & Esquenazi, P.L.
283 Catalonia Avenue, 2nd Floor
Coral Gables, Florida 33134
(305) 476-7100

Audit No. H02000156696 5

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 608, F.S.

REGISTERED AGENT:

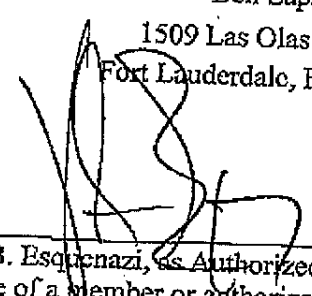
MIAMI CORPORATE SYSTEMS, INC.

By: 
Salomon B. Esquenazi
Asst. Vice President

ARTICLE IV. -- Management:

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and address of such manager who is to serve as initial manager is:

Ben Lapscher
1509 Las Olas Boulevard
Fort Lauderdale, Florida 33301


Salomon B. Esquenazi, as Authorized Representative of Members
Signature of a member or 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.

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TALLAHASSEE, FLORIDA

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This instrument was prepared by:
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Rasco Reininger Perez & Esquenazi, P.L.
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