

OCT-31-2002 05:00 PM BUSINESS FILINGS INCORPORATED 608 T-508 P. F-435
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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

LIMITED LIABILITY COMPANY

A Touch of Aloha Orchids LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FAX AUDIT # H020002205803

**ARTICLES OF ORGANIZATION
OF
A Touch of Aloha Orchids LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **A Touch of Aloha Orchids LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 6312 Gage Place, Miami Lakes, Florida 33014.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1000 West Avenue, Suite 1114, Miami Beach, Florida 33139. Located in the County of Miami-Dade.

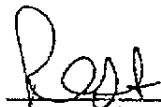
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Michelle Martinez, 6312 Gage Place, Miami Lakes, Florida 33014
Krister Martinez, 6312 Gage Place, Miami Lakes, Florida 33014



Richard Oster, Vice President
Business Filings Incorporated
Authorized Representative

Prepared by Richard Oster

Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

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FAX AUDIT # H020002205803CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

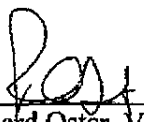
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **A Touch of Aloha Orchids LLC**

The name and address of the registered agent and office is Business Filings Incorporated,
1000 West Avenue, Suite 1114, Miami Beach, Florida 33139.
Located in the County of Miami-Dade.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature: _____


Richard Oster, Vice President
Business Filings Incorporated

Date: October 31, 2002

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