

# L03000029910

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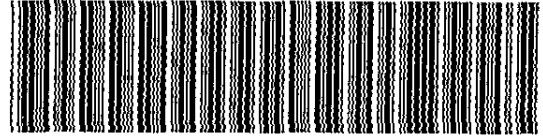
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

EFFECTIVE DATE

8-1-03

Office Use Only



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SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

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08/11/03--01074--003 \*\*125.00

**TRANSMITTAL LETTER  
ARTICLES OF ORGANIZATION**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

August 1, 2003

**SUBJECT: THE FLOWER SHOP, LLC**      **EFFECTIVE DATE** 8-1-03

Enclosed is an original and one (1) copy of the Articles of Organization and a check for \$125.00.

Filing fee for Articles of Organization of Florida Limited Liability Company:

\$ 100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent

Please return photocopy enclosed "stamped with the filing date."

**FROM: Susan L. Kidd/Seabreeze Bookkeeping & Tax Service, LLC**  
Name (Printed or Typed)

P.O. Box 229  
Address

Daytona Beach, FL 32115-0229  
City, State & Zip

(386)258-5880  
Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**THE FLOWER SHOP, LLC**

**EFFECTIVE DATE**

9-1-03

**ARTICLE II - Address:**

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

4723 Hidden Lake Drive  
Port Orange, FL 32129

**ARTICLE III - Managing Member**

The name and street address of the managing member are:

Cynthia Sipes  
4723 Hidden Lake Drive  
Port Orange, Florida 32129

**ARTICLE IV- Effective Date**

The effective date of the Limited Liability Company is:

September 1, 2003

**ARTICLE V - Registered Agent:**

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

Cynthia Sipes  
4723 Hidden Lake Drive  
Port Orange, FL 32129

*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 for in Chapter 608, F.S.*

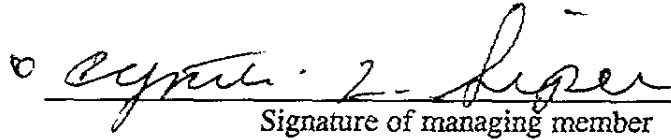
x Cynthia L. Sipes  
Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV - Management:**

The Limited Liability company is to be managed by the members. The name and street address of the managing member are:

Cynthia Sipes  
4723 Hidden Lake Drive  
Port Orange, Florida 32129

  
Signature of managing member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cynthia Sipes

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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