

L04000021402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 506922 4331840

AUTHORIZATION :

COST LIMIT : \$ 125.00

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ORDER DATE : March 18, 2004

ORDER TIME : 10:34 AM

ORDER NO. : 506922-005

CUSTOMER NO: 4331840

CUSTOMER: Mr. Jerry Persampieri  
Barash, Friedman, Friedberg &  
Adasko  
4th Floor  
381 Park Avenue South  
New York, NY 10016-8806

DOMESTIC FILING

NAME: BLOOMS, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TROY TODD- EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
04 MAR 19 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BLOOMS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

C/O ANTHONY HOUGHTON

5280 NORTH OCEAN DRIVE

SINGER ISLAND FL 33404

**Mailing Address:**

C/O ANTHONY HOUGHTON

5280 NORTH OCEAN DRIVE

SINGER ISLAND FL 33404

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

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

ROBERT MAYER

Name

C/O ANTHONY HOUGHTON 5280 NORTH OCEAN DRIVE

Florida street address (P.O. Box **NOT** acceptable)

SINGER ISLAND FLORIDA 33404

City, State, and Zip

*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, Florida Statutes..*

Corporation Service Company

By: Robert Mayer

Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ROBERT MAYER

C/O ANTHONY HOUGHTON 5280 NORTH OCEAN DRIVE  
SINGER ISLAND FL 33404

MGR

MARY MAYER

C/O ANTHONY HOUGHTON 5280 NORTH OCEAN DRIVE  
SINGER ISLAND FL 33404

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

BY: JERRY PERSAMPIERI

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

\$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)