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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TR	ANSMITTAL LE	TTER		23.
TO: Registration Section Division of Corporations			Pil.	MULL CHORDES
SUBJECT: Myles Robertson Floral C	Design and Interior Deco	or, LLC		aid. A
	me of Limited Liability C		· ·	Contract of the second
The enclosed Articles of Organization an	d fee(s) are submitted for	filing.		ALCAS.
Please return all	correspondence concerning	ng this matter to the fol	lowing:	
	Myles Roberts	on		
	(Name of Perso	n)		
Myle	es Robertson Floral Des	ign and Interior Deco	or, LLC	
	(Firm/Compan	y)		
	2024 Ted Hin	ies Drive		
	(Address)	<del></del>		-
	Tallahassee,	FL 32308		
	(City/State and Zip	Code)		
For further information concerning this n	natter, please call:			
Myles Robertson	<sub>at (</sub> 303	550-2213	CELL	

STREET ADDRESS:

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Myles Robertson Floral Design and Interior Decor, LLC	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2024 Ted Hines Drive	same
Tallahassee, FL 32308	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	
Myles Robertson	1
Name	
2024 Ted Hines	Drive
Florida street address (P.O. Box N	(OT acceptable)
Tallahassee, FI	ORIDA 32308
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.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

•	
	Aging Member(s):  ger or Managing Member is as follows:  Name and Address:  Myles Robertson  2024 Ted Hines Drive
ARTICLE IV- Manager(s) or Man	aging Member(s): ger or Managing Member is as follows:
the name and address of each Mana	ger of Wallaging Weinder is as follows.
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Myles Robertson
	2024 Ted Hines Drive Tallahassee, FL 32308
<del></del>	
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	Robertoo
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)
Myles Robe	ertson

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)

Typed or printed name of signee