

L05000074826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

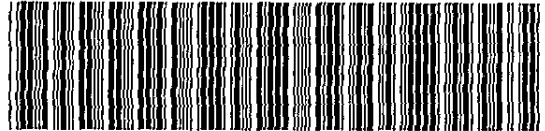
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200057843412

08/01/05--01001--009 **125.00

FILED

05 JUL 29 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JUL 29 PM 3:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 JUL 29 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Touch of Class Florist, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Van P. Geeker, Esquire
(Name of Person)

Igler & Dougherty, P.A.
(Firm/Company)

2457 Care Drive
(Address)

Tallahassee, Florida 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

Van P. Geeker, Esquire at (850) 878-2411
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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

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

FILED
05 JUL 29 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
A TOUCH OF CLASS FLORIST, LLC**

FILED
05 JUL 29 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes of forming a Limited Liability Company under the laws initiation State of Florida do set forth the following:

1. Name. The name of the Limited Liability Company is **A TOUCH OF CLASS FLORIST, LLC** (the LLC).

2. Purpose. The purpose for which the LLC is organized is to operate a florist business and to engage in any other activities related or incidental thereto for any lawful business purpose.

3. Address of Place of Business. The street address of the principal place of business in Florida for the LLC is: 103 North Main Street, Havana, Florida 32333 and the mailing address shall be 103 North Main Street, Havana, Florida 32333.

4. Registered Agent. The name and address of the initial registered agent in Florida for the LLC is:

Edna Hall
6972 Florida-Georgia Highway
Havana, Florida 32333

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.

Edna Hall
Edna Hall, Registered Agent

Executed at Tallahassee, Florida, on the 27th day of July, 2005.

Edna Hall
EDNA HALL, Member

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 27th day of July, 2005, by EDNA HALL, who is personally known to me and who did not take an oath.



Marlyne S. Tyre
Commission # DD152021
Expires September 25, 2006
 bonded Troy Pain - Insurance, Inc. 800-345-7019

[Signature]
Signature of Notary Public
Notary Stamp/Seal