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SECRETARY OF STATE TALLAHASSEE, FLOREDA

LOS -122940

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bergen's Gil	Hts Hc dba Cardy Bouquet # 45/0	
The enclosed Articles of Organization ar	and fee(s) are submitted for filing.	
Please return all correspondence concern	ming this matter to the following:	
Mars	sha Blrain (Name of Person)	· -
Bergen	n's Gift's dba Candy Bouquet #4510, LLC	<u>, </u>
13467 Sur	nstone Stort MailingAddress)	-
<u>Jacksonv</u>	The FL 32258 (City/State and Zip Code)	
For further information concerning this	matter, please call:	F L 2005 DEC 27
Marsha Berge (Name of Person)	(A - O le G De C - Telester No.	
Enclosed is a check for the following	g amount:	ë O
\$125.00 Filing Fee \$130.00 F Certificate of	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing I	s &
<u>Mailing Addu</u> Registration S Division of C	Section Registration Section	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



December 19, 2005

MARSHA BERGEN 13467 SUNSTONE STREET JACKSONVILLE, FL 32258

SUBJECT: BERGEN'S GIFTS, LLC Ref. Number: W05000055606

We have received your document for BERGEN'S GIFTS, LLC and check(s) totaling \$125.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$125.00.

On article I only the IIc name can be listed. Please remove the dba name.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 605A0007257

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CI	Æ.	T.	. N	am	ρ.

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

(Must end with the words "Limited Liability Company, "Lin	inted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
225 Highway 17, South office 15 East Parlatka, FL 32131	13467 Sunstone St. Deksonville, FL 32258
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Reg	ed Office, & Registered Agent's Signature:

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

Marsha Bergen Name

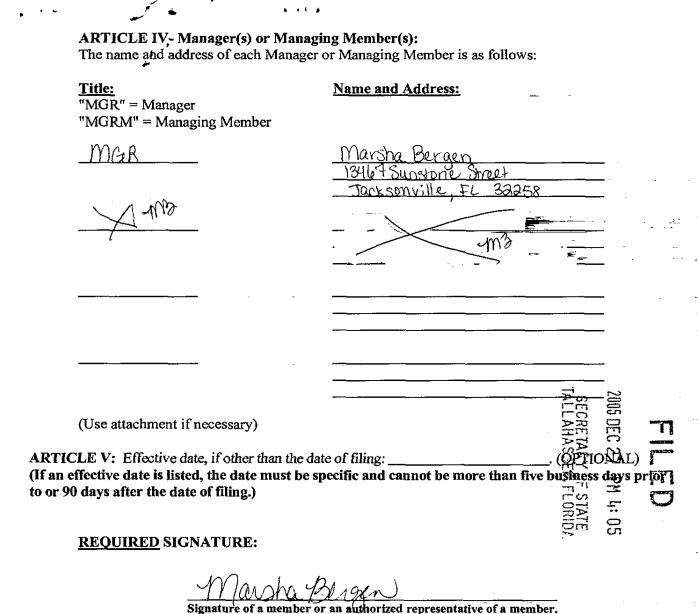
13467 Sundone Street
Florida street address (P.O. Box NOT acceptable)

Tack SONVIRER 39258
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, F.S..

Registered Agent's Signature (REOUIRED)

(CONTINUED)
Page 1 of 2



Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee