

**L06000112797**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000280075 3)))



H060002800753ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 21 AM 10:10

RECEIVED  
06 NOV 21 AM 11:40  
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ARLENE'S FLOWERS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN NOV 22 2006

Electronic Filing Menu Corporate Filing Menu

Help

(3)

ARTICLES OF ORGANIZATION  
OF  
ARLENE'S FLOWERS LLC  
A Florida Limited Liability Company

40600028007  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV 21 AM 10:10

ARTICLE I-NAME

The name of the Limited Liability Company is:

ARLENE'S FLOWERS LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

130 S.E 1<sup>ST</sup> AVENUE MIAMI, FL. 33131.

130 S.E 1<sup>ST</sup> AVENUE MIAMI, FL. 33131.

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

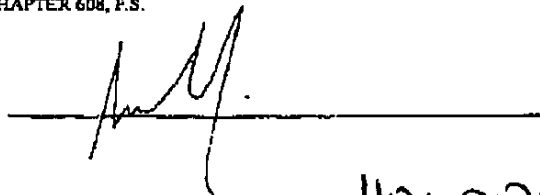
The name and the Florida street address of the registered agent are:

NESTOR MORATINOS  
(NAME)

130 S.E 1<sup>ST</sup> AVENUE  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33131  
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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.



406000280075

H060002800TS

REGISTERED AGENT SIGNATURE

**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
06 NOV 21 AM 10:10

Title:

Name and address:

MGR= Manager

MGR= NESTOR MORATINOS

130 N.E 1<sup>ST</sup> AVENUE MIAMI, FL. 33131.

MGR= ARLENE MORATINOS

130 N.E 1<sup>ST</sup> AVENUE MIAMI, FL. 33131.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**NESTOR MORATINOS**

Typed or printed name of signed

H060002800TS