

LO80000034740

(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



000121716740

04/04/08--01013--015 **125.00

FILED
08 APR -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 04 2008

EXAMINER

JACOBY and BRIMO, P.A.

† DAVID H. JACOBY
ANTHONY N. BRIMO

April 2, 2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

LORI A. WITHROW, CP
*Certified Paralegal
Firm Administrator*

Re: Country Charm Florist and Gifts, LLC.

Dear Madam/Sir:

Enclosed please find the following:

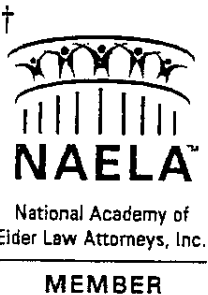
1. An original and one (1) copy of the Articles of Organization of Country Charm Florist and Gifts, LLC;
2. An original and one (1) copy of the Certificate of Designation of Registered Agent/Registered Office; and
3. Check number 4362 in the amount of \$125.00 fee for the filing of said documents.

Should you require anything additional to complete the filing of this LLC, please do not hesitate to contact me.

Very truly yours,

David H. Jacoby

Enclosures: As Stated



FILED
08 APR -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
COUNTRY CHARM FLORIST AND GIFTS, LLC.**

ARTICLE I - NAME

The name of the limited liability company is COUNTRY CHARM FLORIST AND GIFTS, LLC., ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

3234 West New Haven Avenue
Melbourne, Florida 32904

Mailing Address:

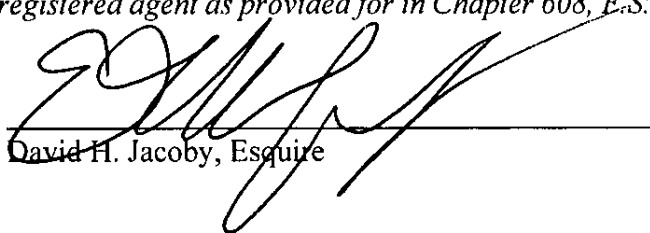
2666 Vermont St.
West Melbourne, Florida 32904

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

David H. Jacoby, Esquire
2111 Dairy Road
Melbourne, Florida 32904

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, E.S.



David H. Jacoby, Esquire

FILED
08 APR -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

BIRGITT V. HUNT
2660 Vermont St.
West Melbourne, Florida 32904

FILED
08 APR -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

 4/1/08
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.)

BIRGITT V. HUNT

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY COUNTRY CHARM FLORIST AND GIFTS, LLC., SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is COUNTRY CHARM FLORIST AND GIFTS, LLC..

2. The name and the Florida street address of the registered agent and office are:
David H. Jacoby, Esquire
2111 Dairy Road
Melbourne, Florida 32904

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.



David H. Jacoby, Esquire
Registered Agent

FILED
08 APR -4 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA