

**L09000014074**

## Florida Department of State

Division of Corporations

Public Access System

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## To:

Division of Corporations

Fax Number : (850) 617-6383

## From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone : (305) 599-0839

Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## BLOOMING ORCHIDS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

D. BRUCE

FEB 12 2009

EXAMINER

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EFFECTIVE DATE

02/09/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blooming Orchids LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:

9565 HARDING AVE.

SAME

SURFSIDE, FL 33154

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)

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

RAFAEL ESPINOZA-SALAS

Name

9565 HARDING AVE.

Florida street address (P.O. Box NOT acceptable)

SURFSIDE

FL

33154

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.

Rafael Espinoza-Salas  
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 2/09/09

(CONTINUED)  
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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

RAFAEL ESPINOZA-SALAS

9565 HARDING AVE

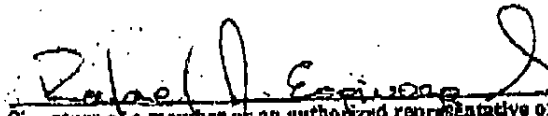
SURFSIDE, FL 33154

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02-09-09 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

RAFAEL ESPINOZA-SALAS

Typed or printed name of signee

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**TALLAHASSEE, FLORIDA**