

L 090000064801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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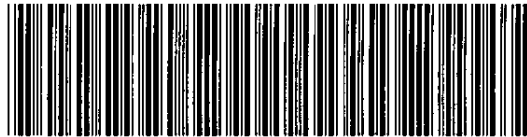
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EXAMINER



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DIVISION

09 JUL - 2 PM 12: 04

1009-20601

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Buds and Butterflies, LLC
(Name of Resulting Florida Limited Company)

The enclosed ~~check for \$150.00~~ is being submitted to
convert an "Other Business Entity" into a "Florida Limited Liability Company" in
accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

CARIN ANNE BICKER
(Contact Person)
Buds and Butterflies
(Firm/Company)
8124 Sanguinelli Rd.
(Address)
LAND O' LAKES, FLA. 34637
(City, State and Zip Code)

For further information concerning this matter, please call:

CARIN ANNE BICKER 813 857-7041 cell
(Name of Contact Person) (Area Code and Daytime Telephone Number)
813 235-9291 home

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Buds and Butterflies LLC
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

8124 Sanguinelli Rd
LAND O' LAKES,
FLORIDA, 34637

Mailing Address:

SAME
←

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 another business entity with an active Florida registration.)

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

Carin Anne Bicker
Name
8124 Sanguinelli Rd.
Florida street address (P.O. Box **NOT** acceptable)
Land O' Lakes FL 34637
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..

Carin Anne Bicker
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY
DIVISION

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

MGR
(owner-
sole prop.)

Name and Address:

Caroline Bicker
8124 Sanguine Rd
Land O' Lakes, Fla 3463

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)

REQUIRED SIGNATURE:

Caroline Bicker

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.)

CARIN ANNE Bicker

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(185.00)