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Florida Department of State

Division of Corporations Public Access System

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(((H09000199340 3)))



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Division of Corporations

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; (850)617-6383

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019 Phone

: (305)552~5973

Fax Number

: (305)220-1440

ORIDA/FOREIGN LIMITED LIABILITY CO

MGD FLOWERS LLC

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$155,00 D. BRUCE

SEP 1 4 2009

Electronic Filing Menu

Corporate Filing Menu

Help

9/11/2009 12:34 PM

ARTICLE I - N	ame•	
	Limited Liability Com	pany is:
V 6	モ/・・・・ナカ ら	LLC
	FLOWERS	
•	Must end with the words "Lin	ited Liability Company, "L.I.C.," or "LLC.")
ARTICLE II -		
The mailing add	ress and street address	of the principal office of the Limited Liability Compan
Principal Office	Address:	Mailing Address:
TURNBER	RY PLAZA	SAME
2875 NE	1915 ST, PH 2	
AVENTUR	へ だしつでんりへ	
ARTICLE III -	Registered Agent, Recompany cannot serve as its an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.)	own Registered Agent. You must designate an individual or another constant of the registered agent are:
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.)	own Registered Agent. You must designate an individual or another co
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.) The Florida street address GASTON	own Registered Agent. You must designate an individual or another constant of the registered agent are: MICULITZK
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration an active Florida registration.) The Florida street address GASTON	own Registered Agent. You must designate an individual or another constant of the registered agent are: MICULITZK
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration of Company cannot serve as its an active Florida registration.) TORNBERRY Florida	own Registered Agent. You must designate an individual or another of the registered agent are: MICULITZKI Name PLAZA, 2875 NE 191 ST ST, PHSS street address (P.O. Box NOT acceptable)
ARTICLE III - (The Limited Liability business entity with	Registered Agent, Registered Agent, Registered Agent, Registration of the Florida registration.) TORNBERRY Florida AVENTURA	own Registered Agent. You must designate an individual or another constant of the registered agent are: MICULITZK
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ARTICLE III - (The Limited Liability business entity with The name and the Having been no liability com registered agen statutes relation	Registered Agent, Registered Agent, Registered Agent, Registration (Company cannot serve as its an active Florida registration.) TORNBERRY Florida AVENTURA Cinamed as registered agent pany at the place design that agree to act in thing to the proper and continuing the proper and continuin	own Registered Agent. You must designate an individual or another of the registered agent are: MICULITZKI Name PLAZA, 2875 NE 191 ST ST, PH Street address (P.O. Box NOT acceptable) Ty. State, and Zip It and to accept service of process for the above stated lim

EFFECTIVE DATE 9/11/09

H09000199340

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	GASTON MICULITZKI 20155 N.E. 38TH COVET #12804 AVENTURA FL 33180
MGRM	DAMIAN GARCIA 1818 SW 1ST AVE #1114 MIAMI, FL, 33129
	OS SEP I
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(Use attachment if necessary)	REPART 51
ICLE V: Effective date, if other the effective date is listed, the date m 90 days after the date of filing.)	an the date of filing:

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

Typed or printed name of signee

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)

Page 2 of 2