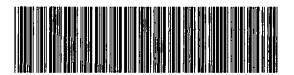
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M. THOMAS

OCT 1 9 2009

EXAMINER

COVER LETTER

Division o	f Corporations		
SUBJECT:		s Floral Creations, LL	<u>.C</u>
	Name of Lim	ited Liability Company	
The enclosed Articl	es of Organization and fee(s) are	e submitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	Α	mber N. Coxon	
		Name of Person	
	Ambe	er's Floral Creations	TALLAHASSEE, FLORID
		Firm/Company	
	4170 N	Moores Station Road	\$ 6 ° 1
-		Address	Erg 3
	Sa	inford, FL 32773	FLO 11:0
-	С	ity/State and Zip Code	ALL O
	ambersflo	ralcreations@yahoo.com	n
	E-mail address: (to be used	for future annual report notification	n)
For further informat	ion concerning this matter, pleas	se call:	
A	mber Coxon	at (321)	228-3135
N	ame of Person	Area Code & Daytime T	
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fe	ce \$\sqrt{30.00}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addry Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	s:
Ambor's Floral C	reations IIC
Amber's Floral C (Must end with the words "Limited Lin	
. (ompany, and a succession of the succession of th
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4170 Moores Station Road Sanford, FL 32773	Same as Principal Office Address
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: pistered Agent. You must designate an individual or another registered agent are:
The name and the Florida street address of the	e registered agent are:
Amber	Coxon Size of M
Nam	Station Road O. Box NOT acceptable)
4170 Moores	Station Road
Florida street address (P.	O. Box NOT acceptable)
Sanford 32771	
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Amber Coxon, MGR	Amber Coxon	
	4170 Moores Station Road	
	Sanford, FL 32773	
Kathy L. Coxon, MGRM	Kathy L. Coxon	
	4170 Moores Station Road	
	Sanford, FL 32773	
Stephen E. Coxon, MGRM	Stephen E. Coxon	
	4170 Moores Station Road	
	Sanford, FL 32773	
	,	
		
•		. (OPTIONAL)
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with:	he date of filing: be specific and cannot be more than fr M Description ber or an authorized representative of a men section 608.408(3), Florida Statutes, the executi	ve business days
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with:	be specific and cannot be more than from the specific and cannot be more than the specific and the specific and cannot be more than the specific and the specific	ve business days
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with sof this document conthat the facts stated in the fact	be specific and cannot be more than from the specific and cannot be more than from the specific and	ve business days per
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