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SECRETARY OF STATE ON STATE OF CHAPTONS

T. HAMPTON

JAN 1 1 2010

EXAMINER

COVER LETTER

TO:	Registration Division of C					
SUBJI	ECT: R	AINBOW FLORIST				FLORIDA LLC
		Name of Limi	ited Liab	ility Comp	any	
The en	closed Articles	of Organization and fee(s) are	submitte	ed for filin	g.	
Please	return all corres	spondence concerning this ma	itter to the	e following	g:	
		L		BARLEY	<u> </u>	
			Name o	of Person		
			Firm/C	ompany		
	c/o J. MICHAEL ROONEY, ESQ., P.O. BOX 510400					
	· · · · · · · · · · · · · · · · · · ·		Ado	dress		
		PUNTA GOR	DA, FL	.ORIDA	33951-0	400
			-	nd Zip Cod		
		lba E-mail address: (to be used	rley@r	nyway.c	om	
		,		annuar rep	ort notmeane	ni)
For fur	ther information	n concerning this matter, please	se call:			
	J. MICHAE	L ROONEY, ESQ.	at ()	639-2591
	Name	e of Person		Area Cod	e & Daytime	Telephone Number
Enclos	sed is a check t	for the following amount:				
\$12 5.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	55.00 Filir rtified Co ditional cop	-	\$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		Registrat Division Clifton E 2661 Exc	ourier Addy ion Section of Corporat Building ecutive Cent see, FL 3236	ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RAINBOW FLORIST OF PUNTA GORDA FLORIDA 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:						
1080 Taylor Road, #114 Punta Gorda, FL 33950	1080 Taylor Road, #114 Punta Gorda, FL 33950						
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:

MICHAEL J. BARLEY	
Name	
409 Pompano	
Florida street address (P.O. Box NOT acceptable)	
Punta Gorda, FL 33950 FL	
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)

60:11 HV 8-NVI UL

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:				
"MGR" = Manager					
"MGRM" = Managi	ng Member				
mgrm	Mike Barley				
	409 Pompano				
	Punta Gorda FL 33950				
mgrm	Linda Barley				
	409 Pompano				
	Punta Gorda, FL 33950				
mgrm	Dorinda Larrison				
	3019 Amanda Street				
	Punta Gorda, FL 33950				
(Use attachment if n	ecessary)				
ARTICLE V: Effective date	e, if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior				
REQUIRED SIGNA	ATURE:				
	Michael & Barley				
Sig	nature of a member or an authorized representative of a member.				
of	(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.)				
	Michael J. Barley				
	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)