

LID 000020930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

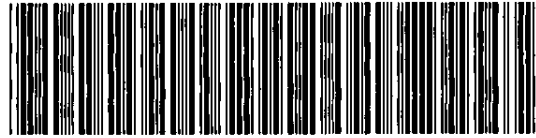
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FEB 24 2010

EXAMINER



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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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10 FEB 24 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Flowers & Smith, 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:

8435 Donald Rd  
Sneads, FL 32460

8435 Donald Rd  
Sneads, FL 32460

**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:

Mary E. Flowers

Name

8435 Donald Rd.

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

Sneads, FL 32460

City, State, and Zip

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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*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.*

Mary E. Flowers

Registered Agent's Signature (REQUIRED)

**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:**

MGR

Mary E. Flowers

8435 Donald Rd.

Sneads, FL 32460

MGR

Mary A. Smith

800 Stovall Ave

Killeen, TX 76541

MGRM

Gregory R. Smith

246 Wickwood Dr

Spring, TX 77386

MGRM

Arnett Flowers, Jr.

610 East 26th St

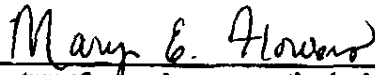
Lynn Haven, FL 32444

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Mary E. Flowers

Typed or printed name of signer

**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)

Attachment

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

Title	Address
MGRM	Yolanda Pickstock 1792 Spivey Village Circle Jonesboro, GA 30236
MGRM	Lewis Flowers 8435 Donald Rd. Sneads, FL <del>32300</del> 32460
MGRM	Tonya Flowers Francois <del>524 W. Marine St. 32307</del> 8435 Donald Rd. <del>Tallahassee, FL 32303</del> Sneads, FL 32460
MGRM	Trisha Flowers Carter 8435 Donald Rd. Sneads, FL <del>32303</del> 32460
MGRM	Jerome Smith 5402 Renwick Dr-Apt 1083 Houston, TX 77081
MGRM	Spencer Smith 800 Stovall Ave Killeen, TX 76541
MGRM	Betty S. Ibrahim 8441 Donald Rd. Sneads, FL 32460