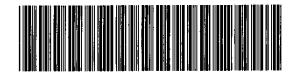
## L1000039004

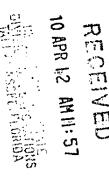
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only Guide Elph Hollow)			
PICK-UP WAIT MAIL			
·			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



400173800294

04/12/10--01002--009 \*\*160.00



TO APR 12 PM E: OL SEURE JANY OF STATE

## **COVER LETTER**

TO: Registration S Division of Co			
suвјест: <u>В</u>	USY Bee F Name of Limited	Torist, LLC Liability Company	
The enclosed Articles of	f Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Kathleen	S. Jones Name of Person	
	Busy Bee	Florist, LL	<u>c</u>
<del></del>	585 Co	llins Rd. I	-
	Havana.	FL 32333 State and Zip Code	3
	Kavi 230@	a ol. Com r future annual report notification)	
For further information	concerning this matter, please		
<u>Kathleen</u> Name	Jones of Person	at (850) 539 - Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
Busy Bee Florist, 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 property o	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3345 North Monroe St. Tallahassee, FL 32303	same			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:  Kathleen Jones  Name				
	Rd I  dress (P.O. Box NOT acceptable)  FL 32333 ate, and Zip			
Having been named as registered agent and to	accept service of process for the above stated limited			

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 (REOUIRED)

(CONTINUED)
Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.)

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)

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

Typed or printed name of signee