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FLORIDA LIMITED LIABILITY CO.
Myakka Frog Flowers, LLC

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EXAMINER

FAX AUDIT # H100001922883

**ARTICLES OF ORGANIZATION
OF
Myakka Frog Flowers, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Myakka Frog Flowers, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5751 Wauchula Road, Myakka City, Florida 34251.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

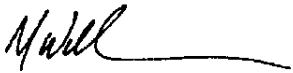
The name and address of the initial registered agent is: Carol Alder, 5751 Wauchula Road, Myakka City, Florida 34251. Located in the County of Manatee.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:
Carol Alder, 5751 Wauchula Road, Myakka City, Florida 34251
Gerald Alder, 5751 Wauchula Road, Myakka City, Florida 34251



Date: August 23, 2010

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Myakka Frog Flowers, LLC

The name and address of the registered agent and office is Carol Alder, 5751 Wauchula Road, Myakka City, Florida 34251. Located in the County of Manatee.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Carol Alder
Carol Alder

Date: 8/25/10

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