

L11000085601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

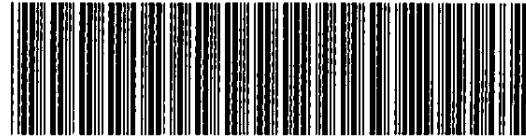
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/25/11--01022--025 **390.00

FILED
2011 JUL 25 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 26 2011
EXAMINER

THOMAS R. CONKLIN - ATTORNEY & COUNSELOR

A PROFESSIONAL LIMITED LIABILITY COMPANY

442 South Tamiami Trail - Osprey Florida 34229
Telephone: 941-366-2608 Fax: 941-827-2946

July 20, 2011

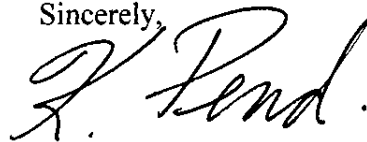
Florida Department of State
Division of Corporation
Attn: Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: AlohaFlowers.com LLC, Kailu-Kona, LLC,
& Rapid Reliance Property Group, LLC

To Whom This May Concern;

Please find enclosed a check in the amount of \$390.00 and the completed forms for filing of Articles of Organization regarding the above mentioned. If there are any questions, please do not hesitate to contact our office.

Sincerely,



Kianté' M. Pendergrass
Assistant to Thomas R. Conklin, Esq.

TRC/kmp
Enclosures

cc: Edward Gable

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AlohaFlowers.com LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS R. CONKLIN

Name of Person

Firm/Company

442 SOUTH TAMIAMI TRAIL

Address

OSPREY, FLORIDA 34229

City/State and Zip Code

tom@thomasconklin.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS R. CONKLIN, ESQ

Name of Person

at (941) 366-2608

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AlohaFlowers.com 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:

442 SOUTH TAMIAMI TRAIL
OSPREY, FLORIDA 34229

Mailing Address:

442 SOUTH TAMIAMI TRAIL
OSPREY, FLORIDA 34229

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:

THOMAS R. CONKLIN, ESQ.

Name

442 SOUTH TAMIAMI TRAIL

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

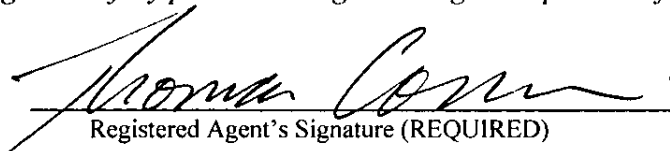
OSPREY

FL 34229

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

THOMAS R. CONKLIN, ESQ.

442 SOUTH TAMiami TRAIL

OSPREY, FLORIDA 34229

MGRM

STACY RESCH

3457 17TH STREET

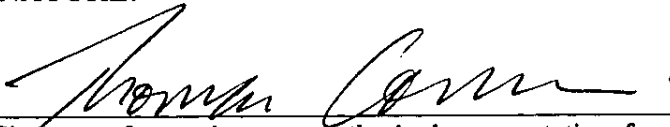
SARASOTA, FLORIDA 34235

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

THOMAS R. CONKLIN, ESQ.

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)