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SECRETARY OF STATE
AND SECRETARY OF STATE

C. LEWIS

JUL 2 9 2011

EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations			
SUBJ	_{ECT} . Miai	mi Blooms LLC			
Name of Limited Liability Company					
The e	nclosed Article	es of Organization and fce(s) are	submitted for filing.		
Please	return all corr	espondence concerning this mat	ter to the following:		
	Arthur Costa Name of Person				
	Firm/Company				
	9520 SW 40th Street				
	Address				
	Miami, Florida 33165				
City/State and Zip Code arthurcosta99@yahoo.com					
			for future annual report notification)		
For fu	rther informati	on concerning this matter, please	e call:		
Arthur Costa Name of Person		me of Person	at (305) 302-4675 Area Code & Daytime Telep	shone Number	
	, 12.	0, 7 0 150			
Enclo	sed is a check	k for the following amount:	_		
] \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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		

Articles of Organization for Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

Miami Blooms LLC

Article II

The mailing address and street address of the principal office of the Limited Liability Company is:

9520 SW 40th Street Miami, Florida 33165

Article III

The name and the Florida street address of the registered agent are

Arthur Costa 9520 SW 40th Street Miami, Florida 33165

Article IV

The name and address of the Managing Members are:

Arthur Costa, 9520 SW 40th Street, Miami, Florida 33165 Wuiston Espinoza, 9520 SW 40th Street, Miami, Florida 33165

Article V

Effective date is: July 28th, 2011

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.

Wuiston Espinoza Managing Member

STATE OF FLORIDA

SS

COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared Wuiston Espinoza, who being first duly sworn, deposes and says: that he is the person named in the foregoing and that he has read the same, knows the contents thereof and that the same are true.

IN WITNESS WHEREOF, I have set my hand and seal, this

_ day of July, 25 2011.

My Commission Expires:

NOTARY PUBLIC

STATE OF FLORID



THILLY OF STATE

DESIGNATION OF REGISTERED AGENT

In compliance with Chapter 608, FLORIDA STATUTES, the following is submitted:

That MIAMI BLOOMS LLC, desiring to organize under the Laws of the State of Florida, with its principal office as indicated in the ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY, Miami, County of Miami-Dade, State of Florida, has named: Arthur Costa, 9520 SW 40th Street, Miami, Florida 33165 as its Registered Agent to accept Service of Process within this State.

Wuiston Espinoza/ Managing Member

Date: 07.25.11

ACKNOWLEDGMENT

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.

Arthur Costa Registered Agent

STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared Arthur Costa, who being first duly sworn, deposes and says: that he is the person named in the foregoing and that he has read the same, knows the contents thereof and that the same are true.

IN WITNESS WHEREOF, I have set my hand and seal, this _____ day of July 25, 201

My Commission Expires:

NOTARY PUBLIC

STATE OF FLORIDA

Notary Public State of Florida Hernan M Arita My Commission DD769135 Expires 03/16/2012