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DIVISION OF COMPANIONS SEC

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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Elinor Doyle Florist 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:
Roxie Singletary Name of Person
Elinor Doyle Florist Firm/Company
III E. College Ave.
Tallahassee, FL 32303 City/State and Zip Code
TSingletary74@yahoo.com Email address: (to/be used for future annual report notification)
For further information concerning this matter, please call:
at () Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status
(additional copy is enclosed) Certified Gopy: (additional copy is enclosed) Mailing Address Registration Section Division of Corporations Registration Section Division of Corporations Certified Gopy: (additional copy is enclosed) Registration Section Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Flowers & Gifts By Elinor Doyle Tallahassee's Oldest Florist-Since 1930 Bill & Katie Addington 204 South Adams: Tallahassee, FC 32301 • (904) 222-1298

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Elinor Doyle Florist (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
III E. College Ave. Tallahassee, FL 3230B	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the report of the Roxie Single Name	etary
III E. College Florida street addre Tallahassee City, State	E Aue. ess (P.O. Box NOT acceptable) FL 32301 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	CHEQUIRED) AND
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ARTICLE IV- Manager(s) or Managing Member(s): 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. 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.)

Roxie Singletary
Typed oxprinted 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)

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