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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
ROOM 2 BLOOM, LLC**

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Certified Copy	1
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company is:

ROOM 2 BLOOM, LLC

ARTICLE II- Address:

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

Principal Office Address:

490 Ali Baba Avenue
Opa Locka, FL 33054

Mailing Address:

7490 Ali Baba Avenue
Opa Locka, FL 33054

ARTICLE III- Registered Agent

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the Registered Agent are:

Norman A. Lobban

Name

4448 Inverrary Boulevard

Florida street address

Lauderhill, FL 33319

City, State and Zip

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

ARTICLE IV- Purpose

Any and all lawful business.

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ARTICLE V Manager(s) or Managing Member(s)

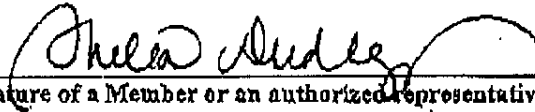
The name and address of each Manager or Managing Member is as follows:

Title:

"MGR"= Manager

Name and Address:

Shelia Dudley
17482 SW 33rd Street
Miramar, FL 33029



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.)

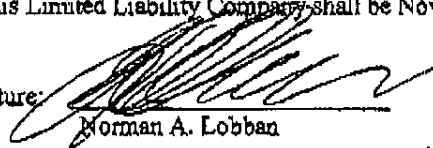
Shelia Dudley

Typed Name

ARTICLE VI-EFFECTIVE DATE

The effective date for this Limited Liability Company shall be November 01, 2011

Registered Agent Signature:



Norman A. Lobban

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TALLAHASSEE, FLORIDA

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