4/2000013059

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| PICK-UP · WAIT MAIL |
| (Business Entity Name) |
| , |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| A. LUNT |
| JUL 18 2011 |
| EXAMINER |

Office Use Only

900237396019

07/16/12--01030--012 **160.00

TO: Registration Section **Division of Corporations**

Jan

SUBJECT:

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

Please return all correspondence concerning this matter to the following:

| Janet Roberts Ireland | ₹ | ~ | | | | |
|---|------|-------------|--|--|--|--|
| Name of Person | | 2012 JUL | | | | |
| | ≱ä | | | | | |
| Flourish - Delray Design | 25 | E | | | | |
| Firm/Company/ | | | | | | |
| 455 NE 5 TH Avenue / Suite D- | 484 | | | | | |
| Address | | | | | | |
| Delray Beach FL. 33483 City/State and Zip Code | ACC. | 3 26 | | | | |
| City/State and Zip Code | | | | | | |
| ianet a flourishdelray design. com E-mail jodress: (so be used for fitture annual report notification) | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| | | | | | | |

For further information concerning this matter, please call:

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

| | Á. 2 |
|---|--|
| ARTICLE I - Name: | |
| The name of the Limited Liability Company is: | SECRE PALLAHA |
| Flourish Delray | Design, L.L.C. |
| (MUR end with the words "Limited Limbility Gor | npany, "Lill, C.f." or "LLC.") |
| Flourish Delray (Must end with the words "Limited Liability doc ARTICLE II - Address: The mailing address and street address of the princip | al office of the Limited Liability Company |
| Principal Office Address: Ma | iling Address: |
| 820 Tangerine Way Delray Beach, FL. 33483 | 455 NE 5TH Avenue Suite D-404 Delray Beach, FL. 33483 |
| ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its own Registered A business entity with an active Florida registration.) | |
| The name and the Florida street address of the registe | |
| Mr. George M | lathews Attorney at Law ngress Center Congress Ave. #104 |
| Suite 104, Coi | ngress Center |
| 1325 South (| Congress Ave. #104 |

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

Box Death FL. 33426

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' Signature (REQUIRED)

CONTINUED)

Page 1 of 2

| Title: "MGR" = Manager "MGRM" = Manager | Name and Address: |
|---|--|
| "MGRM" = Managing Membe | Janet Roberts Ireland PS \$ |
| MGRM | Janet Roberts Ireland Book & Book Brack, Ft. 33483 |
| | |
| | STATE S |
| | |
| | |
| <u></u> | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other the | han the date of filing: (OPTIONAL) |
| effective date is listed, the date : O days after the date of filing.) | must be specific and cannot be more than five business days prio |

tanith treland

(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.)

Signature of a member or an authorized representative of a member.

Janet R. Ireland
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- 5 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

COVER LETTER

| TO: | Registratio Division of | n Section Corporations | | | |
|---------|----------------------------|---|---|--|-------|
| SUBJ | ECT: | Flourish - [| Detray Design, 1 | L.L.C. | |
| The er | nclosed Article | s of Organization and fee(s) are su | bmitted for filing. | ZMZ JL SECRET | া |
| Ploaso | return all corr | espondence concerning this matter | to the following: | TAR TAR | |
| | | Janet Robe | erne of Porson | TARY OF STATE AHASSEE. PLORIDA | FILED |
| | • | N | ame of Person | ST C | |
| | | Flourish- | Delray Design | | |
| | | 455 NE | 5TH Avenue / | Suite D- 404 | |
| | | | ach FL. 334 | | |
| | | | urishdelray desi | | |
| For fin | rther informati | on concerning this matter, please o | ail: | | |
| | Jan | et Ireland | at (561) 927- Area Code & Deytime Telepi | 7878 houe Number | |
| Enclo | sed is a checi | t for the following amount: | | | |
| 125.0 |) 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 Tallabassoc, PL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C | irele | |

Tailahassee, FL 32301

Tallahassee, FL 32314