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ADKINSON LAW FIRM  
ATTORNEYS AT LAW

CLAYTON J.M. ADKINSON  
CLAY B. ADKINSON

41 South 6th Street, DeFuniak Springs, FL 32435  
Telephone (850) 892-5195  
Fax (850) 892-3013

MAILING ADDRESS:  
Post Office Box 1207  
DeFuniak Springs, FL 32435

February 15, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

In re: Stella's Floral Expressions, LLC

Enclosed is the original of the Articles of Organization for a Florida Limited Liability Company to be filed for the above referenced company. Also, enclosed is a check for \$125.00 to cover the cost of filing fees.

If additional information is needed, please advise. Your assistance in this matter is most appreciated.

Sincerely,

  
Clayton J.M. Adkinson

CJMA:ch  
Enclosure

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TALLAHASSEE, FLORIDA

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Stella's Floral Expressions, 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:

**Michele D. Bowers**

Name of Person

**Stella's Floral Expressions, LLC**

Firm/Company

**674 U.S. Highway 331 S.**

Address

**DeFuniak Springs, Florida 32435**

City/State and Zip Code

**mbowers28@yahoo.com**

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

For further information concerning this matter, please call:

**Michele Bowers**

Name of Person

at ( **850** ) **520-4623**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

STELLA'S FLORAL EXPRESSIONS, 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:

674 U.S. Highway 331 S.

DeFuniak Springs, Florida 32435

#### Mailing Address:

674 U.S. Highway 331 S.

DeFuniak Springs, Florida 32435

### 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:

Michele D. Bowers

Name

1536 Highway 185

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

Westville

FL

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..*

Michele Bowers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Michele D. Bowers

1536 Highway 185

Westville, Florida 32464

MGRM

Clarence E. Bowers

1536 Highway 185

Westville, Florida 32464

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STATE OF FLORIDA  
TALLAHASSEE

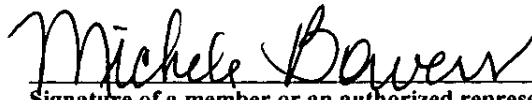
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(Use attachment if necessary)

**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.)

Michele D. Bowers

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)**