

L13000059892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

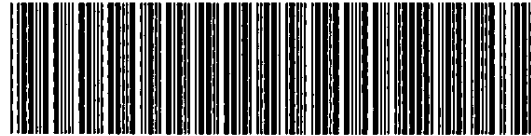
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/23/13--01021--011 **160.00

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2013 APR 23 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. Sullivan APR 24 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PERSONAL TOUCH FLORIST & GIFTS, 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:

Judy Bell

Name of Person

Personal Touch Florist & Gifts, LLC

Firm/Company

P.O. Box 307

Address

Graceville, FL 32440-0307

City/State and Zip Code

JudyBell2012@gmail.com

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

For further information concerning this matter, please call: 850-415-0159

Judy Bell

Name of Person

at (850) 415-0159

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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERSONAL TOUCH FLORIST & GIFTS, 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:

988 White Ave

Graceville, FL 32440

Mailing Address:

P.O. Box 307

Graceville, FL 32440-0307

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:

Judy Ann Bell

Name

1130 Selma Church Road

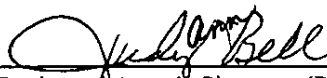
Florida street address (P.O. Box **NOT** acceptable)

Graceville FL 32440-7112

City, State, and Zip

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2018 APR 23 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

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

Name and Address:

"MGRM" = Managing Member

Judy Ann Bell

1130 Selma Church Rd.
Graceville, FL 32440-7112

John W. Sowell

6115 S. Park

Dothan, AL 36301

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.)

Judy Ann Bell
Signature of a member or an authorized representative

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.)

Judy Ann Bell

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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2018 APR 23 PM 12:54
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
ment
re: true.
State