

L14000181410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

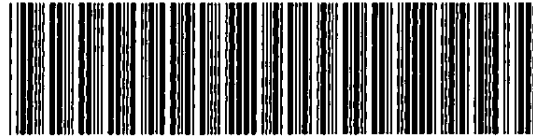
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
14 NOV 24 PM 2:00  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
14 NOV 24 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 24 2014  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Food, Flowers & More LLC**

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

Please return all correspondence concerning this matter to the following:

Barbara Coxwell  
2305 Killearn Center Blvd. Apt G149  
Tallahassee, FL 32309

E-mail address: foodflowersandmore@gmail.com

For further information concerning this matter, please call:

Barbara Coxwell at (850) 766-9882

**Mailing Address Street/Courier Address**

Registration Section  
Division of Corporations  
P.O. Box 6327 Clifton Building  
Tallahassee, FL 32314 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:

**Food, Flowers & More LLC**

**ARTICLE II - Address:**

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

Principle Business and Mailing Address:

**Food, Flowers & More LLC  
C/O Rhonda Marx  
6005 Boynton Homestead  
Tallahassee, FL 32312**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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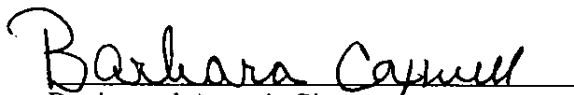
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**Barbara Coxwell  
2305 Killearn Center Blvd. Apt G149  
Tallahassee, FL 32309**

*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 605, F.S.*

  
Registered Agent's Signature

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company: ("AMBR" = Authorized Member, "MGR" = Manager)

**Title: Name and Address:**

**AMBR Rhonda Marx**  
**6005 Boynton Homestead**  
**Tallahassee, FL 32312**

**AMBR Barbara Coxwell**  
**2305 Killearn Center Blvd. Apt G149**  
**Tallahassee, FL 32309**

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

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

(In accordance with section 605.0203 (1) (b), 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.)

Barbara Coxwell  
Typed or printed name of signee

STATE OF FLORIDA  
TALLAHASSEE

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AND  
FILED

**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)**