## L 15000013146

Frank Rong	
Frank Rong England's Florist & Gift Bas. (Requestor's Name)	kets ll C
(Requestor's Name)	
1227 E LAFA YETTE ST (Address)	
(Address)	15
_	
(Address)	
Tallahasse, Fl 3230 (City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
frank@vengoodcpA.com	
England's Florist & Gift Baskets Llc. (Business Entity Name)	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	ļ
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ENGLAND'S FLORIST & GIFT BASKETS LLC		
(Must end with the words "Lir	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal	pal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1227 E LAFAYETTE ST	1227 W LAFAYETTE ST	
TALLAHASSEE, FL 32301	TALLAHASSEE, FL 32301	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its		
another business entity with an active Florida regist.  The name and the Florida street address of the regis	tration.) tered agent are:	
another business entity with an active Florida regist.  The name and the Florida street address of the regis	tration.) tered agent are:	ń
another business entity with an active Florida regist  The name and the Florida street address of the regis  FRANK RONG CPA	tration.) tered agent are:	15 15
another business entity with an active Florida regist  The name and the Florida street address of the regist  FRANK RONG CPA	tration.) tered agent are:	15 IAN 26
another business entity with an active Florida regist  The name and the Florida street address of the regis  FRANK RONG CPA	tered agent are:  Name	15 IAN 26 F
another business entity with an active Florida regist  The name and the Florida street address of the regis  FRANK RONG CPA   3116 CAPITAL CIRCLE I  Florida street address (P.O.)	tered agent are:  Name  NE  Box NOT acceptable)	
another business entity with an active Florida regist  The name and the Florida street address of the regis  FRANK RONG CPA   3116 CAPITAL CIRCLE I  Florida street address (P.O  TALLAHASSEE	tered agent are:  Name  NE  Box NOT acceptable)	
another business entity with an active Florida regist  The name and the Florida street address of the regis  FRANK RONG CPA   3116 CAPITAL CIRCLE I  Florida street address (P.O.)	tered agent are:  Name  NE  Box NOT acceptable)	,

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	FRANK RONG	
	3116 CAPITAL CIRCLE NE STE 3	
	TALLAHASSEE, FL 32308	
4. E		<u>.</u>
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		··········
<del></del>	<del> </del>	
EV: Effective date, if other than the date ective date is listed, the date must be spe	of filing: 1/26/2015 . (OPTIO) ecific and cannot be more than five business days pr	
EV: Effective date, if other than the date ective date is listed, the date must be spoof filing.)		
E V: Effective date, if other than the date ective date is listed, the date must be sporf filing.)  E VI: Other provisions, if any.		
E V: Effective date, if other than the date ective date is listed, the date must be spoof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60) constitutes an affirmation unde I am aware that any false infort		ior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false information constitutes a third degree felonic	mber of an authorized representative of a member 5.0203(1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein armation submitted in a document to the Department of	ior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60) constitutes an affirmation unde I am aware that any false infort	mber of an authorized representative of a member 5.0203(1) (b), Florida Statutes, the execution of this or the penalties of perjury that the facts stated herein armation submitted in a document to the Department of	ior to or 9
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