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(((H15000133625 3)))



H150001336253ABC-

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Division of Corporations

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Account Number : 12000000019
Phone : (305)552-5973
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15 JUN -4 PN 4: 23
SECRETARY OF STATE

ALLAHASSEF FLORIN

FLORIDA LIMITED LIABILITY CO. DRIED FLOWER SHOP.COM, LLC

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Estimated Charge	\$130.00

IN-4 PH 2: 36

SUN 0'5 2015

T. SCOTT

Help

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ARIK	LES OF ORGANIZATION FOR	LECOLORY CTAIL ETAIL	AAMIATI COMPANI
ARTICLE I - Name: The name of the Limited	Liability Company is:		
	OWER SHOP.COM, LLC		
(M	ust end with the words "Limite	d Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and	: street address of the principal o	office of the Limited I	Liability Company is:
1	Principal Office Address:		Mailing Address:
8125 N.W. 74	4th Avenuc, Unit 5	8125	N.W. 74th Avenue, Unit 5
Medley, Flori	ida 33166	Medie	N.W. 74th Avenue, Unit 5 ey, Florida 33166
Medley, Flori ARTICLE III - Registe (The Limited Liability C	ida 33166 red Agent, Registered Office,	Medic & Registered Agent Registered Agent. Y	ey, Florida 33166
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Medley, Flori ARTICLE III - Registe (The Limited Liability C another business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration	Medical Medica	ey, Florida 33166
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Medley, Flori ARTICLE III - Registe (The Limited Liability C another business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration a street address of the registere CLARA BELINSKY	Medic & Registered Agent Registered Agent. Y Dn.) d agent are: Y Name	ey, Florida 33166 e's Signature: ou must designate an individual or
Medley, Flori ARTICLE III - Registe (The Limited Liability C another business entity v	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration a street address of the registere CLARA BELINSKY	Medical Medica	ey, Florida 33166 e's Signature: ou must designate an individual or

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 myposition as registered agent as provided for in Chapter 605, F.S..

(CONTENUED)

Registered Agent's Signature (REQUIRED)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	CLARA BELINSKY
	8125 N.W. 74th Avenue, Unit 5
	Medley, Florida 33166
MGR	STEVE BELINSKY
	8125 N.W. 74th Avenue, Unit 5
	Medley, Florida 33166
ective date is listed, the date must b of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 de
EV: Effective date, if other than the ective date is listed, the date must be filling.) 'the date inserted in this block does a ment's effective date on the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be
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Page 2 of 2