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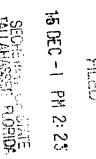
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	CT: Blooming ears, LC Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Denise Williams
	Name of Person
	Bloomingdeals, LLC Firm/Company
	P.O. Box 10235
	Address
	TLH, F1 32302
	City/State and Zip Code WMOYNING OVY @ Me. COM E-mail address: (to be used for future innual report notification)
For furth	er information concerning this matter, please call:
•	Dewise Williams at (850) 545-7722 Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	O Filing Fee Status S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street Address
	New Filing Section Division of Corporations New Filing 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:

Bloominadea	ils、L.L.C. 幽
(Must end with the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address: 102 E. 7th Ave	P.O. Box 10235
Havana, Fl 32333	Tallahassee, 17 32
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenther business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: Denise U Name	Jilliams_
_ 411 East	Georgia St.
Florida street address (P.O. Box N	OT acceptable)
City State	Zip
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the pam familiar with and accept the obligations of my position as registered as	gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
Registered Algent &	Signature (REQUIRED)
(CONTINU	JED)
Page 1 o	r2

(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 de date of filing.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any.
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:
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·
ICLE VI: Other provisions, if any.
REOUIRED SIGNATURE:
/ Illhe (Nilliums
Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.
I am aware that any false information submitted in a document to the Department of State

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)