

NOV/30/2016/WED 12:12 PM

11/29/2016

FAX No.

P 01

L16000216357

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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STATE OF FLORIDA
TALLAHASSEE

16 NOV 30 AM 9:48

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**FLORIDA LIMITED LIABILITY CO.
CRYSTAL FLOWERS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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P. 002

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November 30, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: CRYSTAL FLOWERS LLC
REF: W16000079899

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist III

FAX Aud. #: H16000291957
Letter Number: 016A00025449

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

16 NOV 30 AM 9:45
STATE
SECRETARY
TALLAHASSEE - FLORIDA

ARTICLE I- Name

The name of the Limited Liability Company is:

CRYSTAL FLOWERS GROUP LLC

ARTICLE II- Address:

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

Principal Office Address

**7105 SW 8TH STREET
SUITE 306
MIAMI FLORIDA 33144**

Mailing Address

**7105 SW 8TH STREET
SUITE 306
MIAMI FLORIDA 33144**

ARTICLES III-

Other provisions if any

ANY PURPOSE

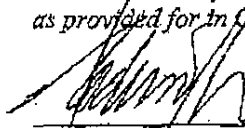
ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)

(The Liability Company cannot serve as its own Register 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:

**RODRIGO VEGA PEREZ
7105 SW 8TH STREET
SUITE 306
MIAMI FLORIDA 33144**

Having been named as register 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 register 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 register agent as provided for in Chapter 603 FS


Registered Agent's Signature (REQUIRED)

ARTICLES V- Manager [s] or Managing Member [s] of each Manager or Managing Member is as follows:

Title:

RODRIGO VEGA PEREZ
CARA MONICA VEGA

AMGR' = Manager
AMGR' = Manager

Name

Address:

RODRIGO VEGA PEREZ

7105 SW 8TH STREET
SUITE 306
MIAMI FLORIDA 33144
7105 SW 8TH STREET
SUITE 306
MIAMI FLORIDA 33144


CARA MONICA VEGA

ARTICLE VI: effective date, if other than the date filing 01-01-17 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to 90 days after the date filing)

REQUIRED SIGNATURE:

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. 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 8.17.155, F.S.


RODRIGO VEGA PEREZ


CARA MONICA VEGA

16
NOV 30 AM 9:14
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA