Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

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## FLORIDA LIMITED LIABILITY CO.

## Flower - Bloom, LLC

Certificate of Status	1
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Corporate Filing Menu

Help

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ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
	, ,, ,,	- Bloom,	
(Must conta	in the words "Limited	Liability Company, "I	L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited L	iability Company is:
Principa III EI I Vai mi Tel	Office Address: Ori 1/0 Way Uh, Fl 33	80	Mailing Address:  [1] El Brillo Way  Malmi Brach, Florida
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street as	cannot serve as its own ctive Plorida registration	Registered Agent. Yon.)	s Signature: ou must designate an individual or
	C T Corporation Sys	tem	
	o i corporation by s	Name	
	1200 South Pine Isla	ind Road	
	Florida street address	s (P.O. Box NOT nec	eptable)
	Plantation.	Florida	33324
	City	State	Zip

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..

By: C T Corporation System Brian Musiler

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" - Authorized Member "MGR" - Manager	Name and Address:
Manager_	Ryan Brant 11, 21 Sulls way Palm Frank, F11 37480
(Use attachment if necessary)	A COU
LEV: Effective date, if other than the feetive date is listed, the date must he of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must he of filing.)  If the date inserted in this block does ument's effective date on the Departruck VI: Other provisions, if any  REQUIRED SIGNATURE:  Signature of This document is e: I am aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document of State.