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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

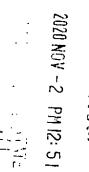
Office Use Only

J. FASON NOV 12 2020



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Flower Power Lab LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nancy Culver Name of Person
Hower Power Lab LLC Firm/Company
15127 Reef Lane
Address BONITA Springs, M. 34135 City/State and Zip Code Culvergal Camail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Flower Power Lab LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Addre	2881
15127 Reef Lane 15127 Reef 1 Bonita Springs, FL, Brnita Springs	ane 5 FI 34135
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indianother business entity with an active Florida registration.)	ividual or
The name and the Florida street address of the registered agent are: Name 15127 Reef Lane Florida street address (P.O. Box NOT acceptable) Benita Springs, 4-34135 City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability of the designated in this certificate. I hereby accept the appointment as registered agent and agree to act in further agree to comply with the provisions of all statutes relating to the proper and complete performance am familiar with and accept the obligations of my position as registered agent as provided for in Chapter of Registered Agent's Signature (REQUIRED)	n this capacity. I e of my duties, and I 605, F.S
(CONTINUED)	2020 NOV -2 PM 12:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Nancy Calver 15127 Reef Lane Bonia Spangs, F1. 34135
	2020
	NOV + 2
	12: 5 12: 5
EV: Effective date, if other than the daterive date is listed, the date must be so filling.) The date inserted in this block does not	te of filing: 202 (OPTIONAL) specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date tive date is listed, the date must be stilling.) The date inserted in this block does not nent's effective date on the Department.	t meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the datective date is listed, the date must be s filing.) the date inserted in this block does not ment's effective date on the Department	t meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the datective date is listed, the date must be s filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	t meet the applicable statutory filing requirements, this date will no of State's records.
Signature of a n This document is exect That am aware that any fall	t meet the applicable statutory filing requirements, this date will no of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30,00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)