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## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Gracefully Blooming 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:  850 South Godsden St. "  Unit 729  Tallahassee FL 30301	
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 individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:  Name	
850 South Gadsden St. Unit 7= Florida street address (P.O. Box NOT acceptable)	)9
Tallahassee FL 32301	
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, as am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	1
(CONTINUED)	22
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## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBE	hiana Hines
	sso south Gadsden Street Unit 129
AMBR	
HIMOR	Chantelle Phoden
	GOUCESPET VA 23061
	Ologe Sie, M. Sood
(Use attachment if necessary)	
the date of filing.)  Note: If the date inserted in this block do the document's effective date on the Department's Other provisions, if any.	bes not meet the applicable statutory filing requirements, this date will not be listed as aritment of State's records.
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This document I am aware that	of a member of an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
	hiana thnes
	Typed or printed name of signee
	Filing Fees:

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

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