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To:

Division of Corporations

Fax Number

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:___

FLORIDA LIMITED LIABILITY CO. LAVILAFLORAL LLC

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
LavilaFloral LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liability	
14630 SW 50 St Miami FL	33/75	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	ed Liability)	
OLGA VILA		
14630 SW 50 St Hiami FL	33/75	
ARTICLE IV The name and title of each person authorized to manage and control the Lin Liability Company: (MGR or AMBR)	ited	
OLGA VILA (AMBR)	2023 HAN	n
	0 R K S	
	94 2: 84 SEF, F	J

Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution ϵ f this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Depa tment of State constitutes a third degree felony as provided for in s.817.155, F.S.

OLGA VILA.

Typed or printed name of signee

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 herely 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 ager t as provided for in Chapter 605, F.S..