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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer;	
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Office Use Only



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COVER LETTER

TO: New Filing Sec Division of Co	ction rporations	L.C.C.	
	Muel Florist		
SUBJECT:	Toch Storist	$\angle \angle C$	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Debre xlier	e Oderr	
		Name of Person	
		Firm/Company	
		t min company	
	8113 Glenman	u Drive Address	
	/	Address	
	Sallagassec,	Aloride 32312	
	(C	ity/State and Zip Code	
	F-mail address: (to be used	for future annual report notificati	on)
		·	(ii)
For further information co	ncerning this matter, please	call:	
,(),	Az	065 224 204	K
X/1su	at (at (950) 339 - 389 Tea Code Daytime Telephon	a Number
Nam	e or reison Ai	ea Code Daytine Felephon	e Number
Enclosed is a check for the	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailin	g Address	Street Address	
NI II	90 0 2	Name Piline Continue Di	iaia

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

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:
The name of the Limited Liability Company is: Noel Florist Limited Liebility Company
nech Sterist & imited Liability Company
(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 Address:
a Glenmere Drive	Galenmere Divy
8113 Glenmore Drive	8113 Clannone Share
I all a have the 32312	wallahassi str 32312
(, , , , , , , , , , , , , , , , , , ,	(

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: Florida street address (P.O. Box NOT acceptable)

Cuy 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:	
MGR" = Manager Lou Dièm Váen Debro Dione Orbon Manager	SII3 Glermon Drue	
Debro Dione Odom	Quichany - 11: 32312	
Manager		
<i>y</i>		
		
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Use attachment if necessary)		
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