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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
Constitution to Filling Officers	٦
Special Instructions to Filing Officer:	

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TALL A STATE OF STATES OF

Sidney Shierling

13300 Atlantic Blvd Apt. 1913

Jacksonville, FL 32225

Date: 06/26/2023

New Filing Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, Fl 32225

Formation of LLC Form

Enclosed is the Florida LLC Forms as well as a check for the filing fees, plus one additional copy for a total of \$155

Please file and provide a "filed" copy to me, together with and information you commonly provide to new LLCs.

Please contact me if you require anything further.

Kindest Regards,

Sidney Shierling

904-955-5298 (Day Cell)

FloralStateManagement@gmail.com

TALL / NO FILL ST

COVER LETTER

Division of Corporations
SUBJECT: Floral State Management 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:
Sidney Shierling Name of Person
Floral State Management LLC. Firm/Company
13300 Atlantic Blvd Apt 1913
Jacksonville, FL 3225 City/State and Zip Code Floral State Management@gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sidney Shierling at (904) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$130.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

The name of	the Limited Liability (Company is:				
	Floral (Must contain	State	Mana	gemen.	t LLC.	
_	(Must contain	the words "Limite	ed Liability Co	mpany, "L.L.C	C.," or "LLC.")	
ARTICLE I The mailing :	I - Address: address and street addr	ress of the principa	d office of the	Limited Liabil	lity Company is:	
	<u>Principal</u>	Office Address:			Mailing Address	
	13300 Atlan	tic Blud Al	Pt 1913	13300	Atlantic Blue	1 APT 1913

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:

Jacksonville, FL 32225

ARTICLE I - Name:

Sidney Shierling

Name

13300 Atlantic Blvd APT 1913

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

Jacksonville FL 3225

City State Zip

Jacksonville, FL

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..

(CONTINUED)

ARTICLE IV-

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

(Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing: 07/01/203 (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days educ of filing.) 10: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lie document's effective date on the Department of State's records. ETICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Sidney Shielling Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional)	Title: Name a "AMBR" = Authorized Member	nd Address:		
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Floral State Management 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:
Sidney Shierling Name of Person
Floral State Management LLC.
13300 Atlantic Blvd Apt 1913 Address
Jacksonville, FL 32225
Jacksonville, FL 3225 City/State and Zip Code Floral State Management @ gmail. 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:
□S125.00 Filing Fee Certificate of Status □S130.00 Filing Fee Certified Copy (additional copy is enclosed) □S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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 The name of	- Name: the Limited Liability (Company is:		
	Floral	State	Management LLC. ed Liability Company, "L.L.C.," or "LLC.")	
	(Must contain	the words "Limit	ed Liability Company, "L.L.C.," or "LLC,")	
ARTICLE I The mailing		ess of the principa	al office of the Limited Liability Company is:	
	Principal (Office Address:	Mailing Address:	

Principal Office Address:	Mailing Address:
13300 Atlantic Blvd APT 1913	13300 Atlantic Blud APT 1913
Jacksonville, FL 32225	Jacksonville, FL 32225

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:

Sidney Shierling

Name

13300 Atlantic Blvd APT 1913

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

Jacksonville FL 3225

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..

(CONTINUED)

2023 JUL 18 16110-30

ARTICLE IV-

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

(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: 07/01/2023 (OPTION) an effective date is listed, the date must be specific and cannot be more than five business days prior date of filing. He: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida's I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.			Title: "AMBR" = Authorized Member
REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida S I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.		O Atlantic Blvd APT 1913	
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Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida S I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.		ecords.	·
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Typed or printed name of signee	Statutes.	rdance with section 605.0203 (1) (b), Florida to submitted in a document to the Department	This document is execu I am aware that any falso constitutes a third degre
Filing Fees:	statutes.	rdance with section 605.0203 (1) (b), Florida son submitted in a document to the Department provided for in s.817.155, F.S.	This document is execu I am aware that any falso
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→	a Statutes. It of State	rdance with section 605.0203 (1) (b), Florida is no submitted in a document to the Department provided for in s.817.155, F.S. Per ling Fees: and Designation of Registered Agent.	This document is execular am aware that any false constitutes a third degre Sidney \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)