

**L23000545265**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: liz@priveroses.com

**FLORIDA LIMITED LIABILITY CO.**

**Prive Roses LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

T.J.H.

12/11/23

2023 DEC -8 PM 5:45

**ARTICLES OF ORGANIZATION**  
**FOR**  
**PRIVE ROSES LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Prive Roses LLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

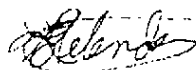
6222 Olive Ave.  
Sarasota, FL 34321

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Lizbeth E. Melendez  
6222 Olive Ave.  
Sarasota, FL 34231

*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.*



(sign)

Lizbeth E. Melendez

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**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Lizbeth Melendez 6222 Olive Ave. Sarasota, FL 34321
<u>MGR</u>	Robert Malinowski 6222 Olive Ave. Sarasota, FL 34321

**ARTICLE V.**

The Effective date shall be the date of filing.


 \_\_\_\_\_ (sign)

**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.

Lizbeth E. Melendez  
 \_\_\_\_\_  
 Authorized Representative/Member

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