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TRANSMITTAL LETTER  
R FLORIDA LIMITED LIABILITY COMPANY

500001 27'84.26  
-06/27/96--01086--005  
\*\*\*285.00 \*\*\*285.00

FILED  
95 JUN 27 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

 **\$285.00**  
**Filing Fee  
& Registered  
Agent designation**

☐ **\$337.50**  
**Filing Fee,  
Registered Agent  
Designation &  
Certified Copy**

FROM: Barbara Burke  
Name (Printed or typed)  
P.O. Box 54-1594  
Address  
Opa-Locka, Florida 33054  
City, State & Zip  
(305) 621-6116  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

B.T.'s Flower Gallery, L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

P.O. Box 54-1594, Opa-Locka, Florida 33054 (mailing)

17847-B N.W. 27 Avenue, Opa-Locka, Florida 33056 (street)

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Barbara Burke

19425 N.W. 42 Avenue  
Miami, Florida 33055

Tonya Ellis

1915 N.W. 191 Street  
Miami, Florida 33056

FILED  
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CLERK OF DISTRICT COURT  
MIDDLESEX COUNTY  
FLORIDA

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_

B.T.'s Flower Gallery, L.C.

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 500.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_ .  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 2,000.00 .
- 5) the total amount of 2, 3, and 4 is \$ 2,500.00 .

Barbara Burke

Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this affidavit constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

B.T.'s Flower Gallery, L.C.

2. The name and address of the registered agent and office is:

Tonya Ellis

(Name)

17847-B N.W. 27 Avenue

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Opa-Locka, Florida 33056

(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.*

Tonya Ellis  
(Signature)

June 17, 1996

(Date)

**Filing Fee: \$ 35 for Designation of Registered Agent**

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TALLAHASSEE, FLORIDA