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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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-05/01/98--01098--014
****337.50 ****337.50

CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

MB Online LLC

☐ Walk In

☐ Pick Up Time

☐ Mail Out

☐ Will Wait

☐ Photocopy

RUSH

☒ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCUMENTS

Name
Availability

Document
Examination

Updater

Updater

Acknowledgement

W. E. Venter

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other LLC

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

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98 MAY -1 PM 2:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

Ordered By: _____

Date: _____

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**FILED
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98 MAY - 1 PM 3:46**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MB ONLINE LLC

ARTICLE II - Address:

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

c/o Flowers Direct, L.P.
5425 Beaumont Center Blvd.
Tampa, Florida 33634**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: May 15, 2048

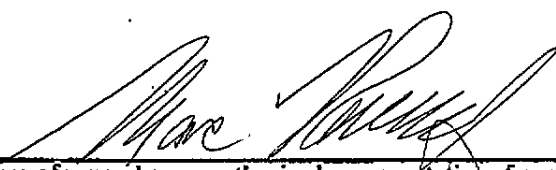
ARTICLE IV - Management:*(check and complete the appropriate statement)*☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are: N/A☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:Marc Rothkopf
c/o Big Apple Florist Inc.
200 Park Avenue
New York, NY 10017Flowers Direct, L.P.
5425 Beaumont Center Blvd.
Tampa, Florida 33634
Marc Rothkopf, Member

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of MB ONLINE LLC

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 \$ 70,000.00
- 3) the total amount of cash or property anticipated to be contributed by member (s) is \$ 70,000.00. This total includes amounts from 2. above.


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.)

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**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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: MB ONLINE LLC

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

William McClure

(Name)

c/o Flowers Direct L.P., 5425 Beaumont Center Blvd.

(P.O. Box or Mail Drop Box NOT acceptable)

Tampa, Florida 33634

(City/State/Zip)

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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.

William McClure
(Signature)

4/28/98
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

TOTAL P.02