

# L99000002623

Carolina Flowers LLC  
Requestor's Name

821 SW 70 way ~~15215~~  
Address

N. Landverde Fl 33068  
City/State/Zip Phone #

600002863936--1  
-05/05/99--01083--001  
\*\*\*285.00 \*\*\*285.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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 type="checkbox"/>	Other

FILED  
99 MAY -5 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/5/99

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CAROLINA FLOWERS L.L.C.

## ARTICLE II - Address:

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

821 S.W 70 WAY NORTH LAUDERDALE FL. 33068

## ARTICLE III - Duration:

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

PERPETUAL EXISTANCE

## ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

JOSE GABRIEL ALARCON  
GERMAN A OSORIO

821 S.W 70 WAY NORTH LAUDERDALE FL. 33068

☐ 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:

FILED  
MAY -5 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

NO ADDITIONAL MEMBERS SHALL BE ADMITTED

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

CAROLINA FLOWERS LLC

2. The name and the Florida street address of the registered agent are:

GERMAN ALFONSO OSORIO  
NAME

821 S.W 70 WAY

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

N. LAUDERDALE FL FL- 33068  
CITY, STATE AND 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.*

  
SIGNATURE

5-3-99

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

**FILED**  
99 MAY -5 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

A SURVIVING MEMBER HAS THE RIGHT TO  
CONTINUE THE BUSINESS OPERATION

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of \_\_\_\_\_  
CAROLINA FLOWERS LLC certifies:

- 1) the above named limited liability company has at least one member;
- 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.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 500.00.

   
Signature of a member or an 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.)

GERMAN OSORIO

AND JOSE GABRIEL ALARCON

Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

FILED  
99 MAY -5 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA