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Florida Department of State

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Foreign Limited Liability Company Flowerbuyer LLC

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CR2E027 (9/1	0)	cov	ER LETTER			
	gistration Section vision of Corporations					
SUBJECT:	Flowerbuyer LLC					
		Name of Lin	nited Liability Compa	ny		
The enclose Existence, a	d "Application by For nd check are submitted	sign Limited Liability Com I to register the above refer	pany for Authorization	n to Transact Bu liability compar	usiness in Florida," Cer ny to transact business	tificate of in Florida
Please return	n all correspondence c	oncerning this matter to the	following:			
	Beatrice B. Rose	nfeld				
		N	ame of Person			
	Roll Law Group	PC				
		Fi	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida. following: ne of Person Address ate and Zip Code for future annual report notification) 310 966-5787 at (
	11444 W. Olym	oic Blvd., 10th Floor				
			Address		4	
	Los Angeles CA	90064			En	
		City/S	tate and Zip Code			造
	brosenfeld@roll.	com				
		E-mail address: (to be used	for future annual rep	ort notification)		-
For funber i	nformation concerning	this matter, please call:			**	u . tie
Be	atrice B. Rosenfeld			966-5787		
	Name o	f Person Are		lephone Numbe	r 🗦	
Div Reş P.C	VILING ADDRESS: vision of Corporations gistration Section). Box 6327 Hahassee, FL 32314	Divisio Registr Clifton 2663 E	ET ADDRESS: on of Corporations ation Section Building xecutive Center Circl assee, FL 32301	e		
	is a check for the fo \$125.00 Filing Fee	ollowing amount: 13 \$130.00 Filing Fee & Certificate of Status	S155.00 Filling in Certified Copy		0.00 Filing Fee, Certifi Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	S. THE FOLLOWING IS SUBMITTED TO . ESTATE OF FLORIDA:	REGISTER A FO	REKEN
, Flowerbuyer LLC			
(Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," o	r "LLC.")	
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	e of transacting business in Florida and attac nate name. The alternate name must include	h a copy of the w "Limited Liability	ritten y
2. Delaware 3			
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
4. November <u>13</u> , 2013	perperual		
(Date of Organization)	(Duration: Year limited liability companexist or "perpetual")	y will cease to	
6.	÷.	-1 44	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)		
7			
11444 W. Olympic Blvd., 10th Floor, Los Angeles CA 9006	4	4 0	
(Street Address	of Principal Office)	7 2 22	
8. If limited liability company is a manager-managed of	company, check here 🗵		, s ****
9. The name and usual business addresses of the mana	ging members or managers are as fol	C105. A.S.	
Manager: Craig B. Cooper, 11444 W. Olympic Blvd., 10th	Floor, Los Angeles CA 90064		
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under eath of the translator must be submit 11. Nature of business or purposes to be conducted or	y is not acceptable. If the certificate is in a for nitted.)		cords in
Care Coope	<u> </u>	·············	
The state of the s	horized representative of a member.		
(In accordance with section 608.408(3), F.S., the execu penalties of perjury that the facts stated herein are true document to the Department of State constitutes:	. I am aware that any faise information subm	ritted in a	
Craig B. Cooper			
Typed or printed	name of signee		

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.

If unavailable	, the alternate to	be used in the	state of Florida is:	
2. The name	and the Florida s	treet address o	of the registered agent and office a	re:
		ст	Corporation System	
	<u> </u>	<u> </u>	(Name)	
		1200 S	South Pine Island Road	
	F	lorida Street Add	ress (P.O. Box NOT ACCEPTABLE)	. 7
	Plantation		FL 33324	
			City/State/Zip	571 K
liability compo registered age statutes relati	any at the place of ent and agree to d ing to the proper of igations of my po	designated in the capa and complete position as regis	o accept service of process for the his certificate, I hereby accept the city. I further agree to comply with verformance of my duties, and I am tered agent as provided for in Cha	appointment as h the provisions of all familiar with and
		C T Corporation	System Nietle Chairmond	
	Ву:	(Signa		
		\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Ages Certified Copy (optional)	ıŧ

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLOWERBUYER LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5431731 8300

131322495

You may verify this certificate enline at corp. delaware. gov/authver. shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 0906189

DATE: 11-18-13