

MIS 000001224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

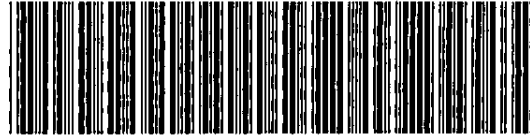
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/20/15--01059--025 **25.00

01/20/15--01059--024 **100.00

W 15-7331

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15 FEB 13 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6 Burch FEB 17 2015

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **FLOWER GROUP LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GRISEL CALDERO

Name of Person

LAW OFFICE OF VALERIA SCHVARTZMAN

Firm/Company

15807 BISCAYNE BLVD, STE 113

Address

NORTH MIAMI BCH, FL 33160

City/State and Zip Code

grisel@schvartzmanlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRISEL CALDERO

Name of Person

at (**305**)

Area Code

974-0114 x200

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#125

C/13/25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2015

GRISEL CALDERO
15807 BISCAYNE BLVD STE 113
NORTH MIAMI BEACH, FL 33160

SUBJECT: FLOWER GROUP LLC
Ref. Number: W15000007331

RECEIVED
15 FEB 16 AM 10:00
BUREAU OF CORPORATIONS
SUNSHINE STATE
INFORMATION SERVICES

We have received your document for FLOWER GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 215A00002049

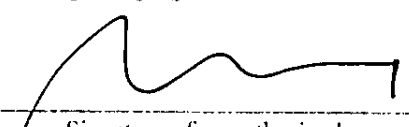
850-245-6928

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **FLOWER GROUP LLC**
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
FLOWER GROUP LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. **DELAWARE** 3. **N/A**
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. **N/A**
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)
5. **15807 BISCAYNE BLVD, STE 113**
NORTH MIAMI BEACH, FL 33160
(Street Address of Principal Office)
6. **THE SAME**
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are
Nicolas Dayan, MGR
15807 BISCAYNE BLVD, STE 113, NORTH MIAMI BEACH, FL 33160

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.817.15, F.S.)

Nicolas Dayan

Typed or printed name of signee

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15 FEB 13 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

FLOWER GROUP LLC

If unavailable, the alternate to be used in the state of Florida is:

FLOWER GROUP 14 LLC

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

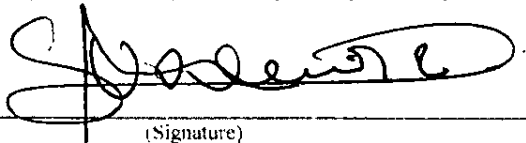
LAW OFFICE OF VALERIA SCHVARTZMAN PA
(Name)

15807 BISCAYNE BLVD, STE 113

Florida Street Address (P.O. Box NOT ACCEPTABLE)

NORTH MIAMI BEACH, FL 33160
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated 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, Florida Statutes.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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15 FEB 13 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLOWER GROUP 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 TWELFTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


FILED
15 FEB 13 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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150036041



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2031025

DATE: 01-12-15