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Fee Receipt: \$40.00

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 2/19/2014 1:26 PM



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organiza Limited Liability Con			KLC	
Pursuant to KRS 14A and KRS 2	L 275, the undersigned applies	s to qualify and for that pu	rpose submits th	e following statements	
Article I: The name of the limited			,	a value in ing a catalog and	
FLOWERS BY TONY					
Article II: The street address of	F 4 F - 170	7.00	4		
Article II: The street address of the 2464 Lakewood	the limited liability company:			10000	
Street Address Only (No Post Office B		PADUCAH	KY	42003	
	20 25 March 10 March	City	State	Zip Code	
and the name of the initial registe	ered agent at that office is \underline{J}	ANA G GLOVER			
Article III: The mailing address of					
2464 LAKEWOOD DF				40000	
Street Address or Post Office Box Nur		PADUCAH	KY	42003	
		City	State	Zip Code	
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be managed by	(must check one):			
Article V: This application will be	effective upon filing, unless	a delayed effective date	and/or time is pro	wided The effective	
date or the delayed effective date	cannot be prior to the date	the application is filed. T	he date and/or tir	ne is (Delayed effective date and/or time)	
I/We declare under penalty of pe	rjury under the laws of the st	ate of Kentucky that the f	foregoing is true a	and correct	
(\ , /M//		NA G GLOVER		01/23/2014	
Signature of Organizer		ted Name & Title	Date		
Signature of Organizer		ed Name & Title	Date		
JANA G GLOVER	1222				
Print Name of Registered Agent	7	ent to serve as the registered ag	gent on behalf of the I	imited liability company.	
Jana Dlouer		NA G GLOVER	01/2	01/23/2014	
Signature of Registered Agent	Print	ed Name	Date		

(01/12)