



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE
2007 JUL 30 AM 10:00

1. The name of the limited liability partnership is: Southside Floral, L.L.P.
2. If previously filed a statement of partnership, the name used in that statement is: _____
The date it was filed with the Idaho Secretary of State's Office was: _____
3. The street address of the limited liability partnership's chief executive office is:
3500 Brenan Dr Nampa, Id. 83686
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
5. The mailing address for future correspondence is: 3500 Brenan Dr. Nampa Id. 83686
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) Serena J. Kenner

Typed Name Serena J. Kenner

2) Catherine R. Rokes

Typed Name Catherine R. Rokes

3) _____

Typed Name _____

Secretary of State use only

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Web Form

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07/30/2007 05:00
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