Filing Fee: \$50.00

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Form No. 624 Revised: 12/05

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership bereby submits the

1.	The legal name of the applicant business cor RAVA, LLC	rporation, limited liability company or limited partnership is:
2.	The fictitious business name to be used is	Morning Glory Florist
3.	The state or territory under the laws of which	it is incorporated, organized or formed is Rhode Island
4.	The date of incorporation, organization or for	mation is August 14, 2008
5.	If a business corporation, the address of its re	
6.	If a business corporation, the business in whi	ch it is engaged Retail Floral Sales and any other lawful purpose
7.	Applicant is otherwise authorized to do busine	ess in the state of Rhode Island.  Under penalty of perjury, I declare that the information contained herein is true and correct.
Dat	ate: 08/14/08	RAVA, LLC
	FILED	Name of Applicant Corporation, Limited Liability Company or Limited Partnership  By  Signature of Authorized Officer of the Corporation
	AUG 15 2008  By 15 9 12 6 WA SI 90 AUG CHOWN	By Signature of Authorized Person for the Limited Liability Company
-om	CORPORATIONS DIVE SECRETARY OF STATE SECRETARY OF STATE TO SECRETARY OF STATE SECRETARY OF THE SECRETARY OF	By Signature of Authorized Person for the Limited Partnership



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

