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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : MITCHELL T. MCRAE, P.A.
Account Number : I20000000283
Phone : (561) 638-6600
Fax Number : (561) 638-6617

AL1

LIMITED LIABILITY COMPANY

The Heirloom, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of this limited liability company is:

The Heirloom, L.L.C.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

**The Heirloom, L.L.C.
Attn: Jerry Rowland
c/o Handcraft Woodworking
7608 NW 6th Avenue
Boca Raton, FL 33487**

ARTICLE III - DURATION:

The period of duration for the limited liability company shall be **perpetual**.

ARTICLE IV - REGISTERED AGENT:

The name and street address of the initial registered agent of the limited liability company is:

**Mitchell T. McRae, Esq.
The Addison
6274 Linton Boulevard, Suite 100
Delray Beach, Florida 33484**

A statement of acceptance by the registered agent as required by Section 608.407(1)(c),

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Florida Statutes, is attached to these Articles of Organization.

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The members are granted the right to admit additional members to the limited liability company upon the written consent of all other members as provided in Section 608, Florida Statutes.

ARTICLE VI - CONTINUATION OF BUSINESS ON THE TERMINATION OF THE MEMBERSHIP OF A MEMBER:

The remaining members of the limited liability company are granted the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

ARTICLE VII - MANAGEMENT:

The limited liability company is to be managed by the member(s) and the name(s) and address(es) of the initial managing member(s) is/are as follows:

**Jerry Rowland
c/o Handcraft Woodworking
7608 NW 6th Avenue
Boca Raton, FL 33487**

**Michael DiMedio
c/o Closet Design Group, Inc.
1000 Clint Moore Road, Suite 101
Boca Raton, FL 33487**

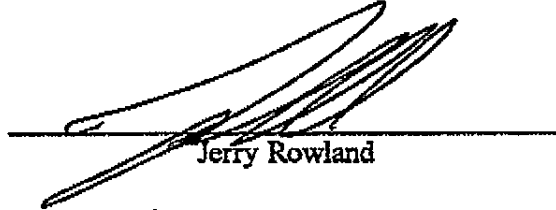
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ARTICLE VIII - COMMENCEMENT

This limited liability company shall commence its existence upon the date which is five (5) days prior to the date of filing with the Secretary of State.

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Jerry RowlandSTATE OF FLORIDA)
COUNTY OF PALM BEACH -)

I HEREBY CERTIFY that on this day before me, the undersigned officer duly authorized in the state and county aforesaid to take acknowledgements, personally appeared Jerry Rowland, to me known and known to me to be the person described in and who executed the foregoing, and he acknowledged before me that he executed the same, (X) who is personally known to me, () who has produced _____ as identification and who (X) did () did not take an oath, and who executed the foregoing.

SWORN TO and subscribed before me this 29 day of January, 2001.

(SEAL)



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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **The Heirloom, L.L.C.**
2. The name and address of the registered agent and office is:

Mitchell T. McRae, Esquire
The Addison
6274 Linton Boulevard, Suite 100
Delray Beach, Florida 33484

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



MITCHELL T. MCRAE, ESQ.

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

I HEREBY CERTIFY that on this day before me, the undersigned officer duly authorized in the state and county aforesaid to take acknowledgements, personally appeared Mitchell T. McRae, to me known and known to me to be the person described in and who executed the foregoing, and he acknowledged before me that he executed the same, (X) who is personally known to me, () who has produced _____ as identification and who () did (X) did not take an oath, and who executed the foregoing.

SWORN TO and subscribed before me this 29 day of January, 2001.

(SEAL)

Notary Public, State of Florida

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