

LD10000011233

Company Number Only

7/10/01

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

Atlantic

CORPORATION(S) NAME

LUCAYAN FURNITURE LLC.

APPROVED
AND
FILED

01 JUL 11 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

RECEIVED
01 JUL 11 AM 11:03
DIVISION OF CORPORATION

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Reservation | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call If Problem | <input type="checkbox"/> Walk In | <input type="checkbox"/> Mail Out |
| <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

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****155.00 ****155.00

JB
7-11-01

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

ARTICLE I - Name:

The name of the Limited Liability Company is

LUCAYAN FURNITURE LLC.

Article II - Address:

The mailing address and street address of the principle office of the Limited Liability Company is:

8011 N.E. BAYSHORE CT.
MIAMI, FL 33138

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CHRISTIANE BOYER JORDAN

Name


8011 N.E. BAYSHORE CT.

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FLORIDA 33138

City, State, and Zip

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 as provided for in Chapter 608, F.S..

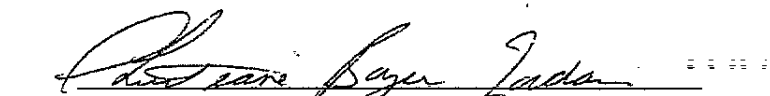


Registered Agent's Signature

ARTICLE V - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers who is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Christiane Boyer Jordan

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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