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L02-33650
AL



ACCOUNT NO. : 072100000032

REFERENCE : 856679 10463A

AUTHORIZATION

COST LIMIT : \$ 155.00

Patricia Pigato

ORDER DATE : December 13, 2002

ORDER TIME : 3:46 PM

ORDER NO. : 856679-005

CUSTOMER NO: 10463A

CUSTOMER: Larissa Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.S. Highway 1
North Palm Bch, FL 33408-7146

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOMESTIC FILING

NAME: FURNITURE SUPPLIERS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION OF FURNITURE SUPPLIERS, LLC

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is FURNITURE SUPPLIERS, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the **DATE OF SIGNING BEING DECEMBER 13, 2002**, of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 712 U.S. Highway One, North Palm Beach, FL 33408. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is FRED C. COHEN, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 13th day of December, 2002.


FRED C. COHEN,

Authorized Representative of a Member

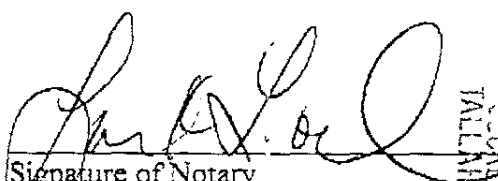
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FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 13th day of December, 2002, by FRED C. COHEN, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not ☒ take an oath.

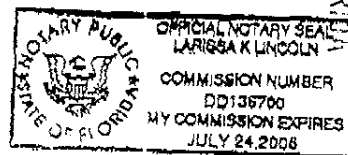
Executed this 13th day of December, 2002.


Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **FURNITURE SUPPLIERS, LLC**, a Florida Limited liability company, with its registered office at 712 U.S. Highway One, Ste 400, North Palm Beach, Florida 33408, named **FRED C. COHEN**, at the same address, as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-said limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law

By: 

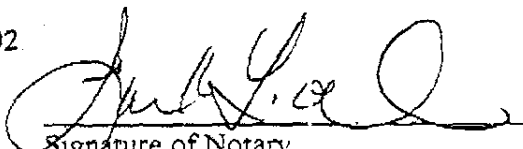
FRED C. COHEN
Registered Agent

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 13th day of December, 2002 by **FRED C. COHEN**, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not (X) take an oath

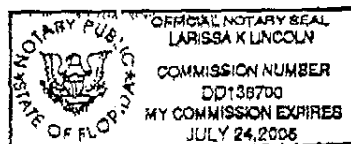
Executed this 13th day of December, 2002.


Signature of Notary

Printed Name: **LARISSA K. LINCOLN**

My Commission Expires:

My Commission Number:



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