

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

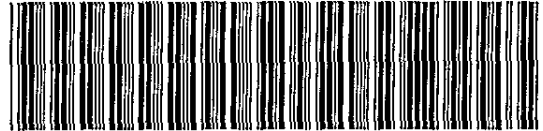
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/31/02--01036--006 **125.00

01/03/03--01011--014 **120.00

~~W03 = 150~~[illegible]

1-8-03

JUDY A. HEADLEE ACCOUNTING
5500 S. E. 42ND CT.
OCALA, FL 34480
(352) 732-9223

December 232002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed are a check for \$125.00 and two copies of the LLC Operating Agreement for
Consignment Gallery, LLC, please send us a certified copy of the LLC Operating Agreement.

Thank you for your help in this matter.

Very truly yours:



JUDY A HEADLEE

03 JAN -7 AM 8:45
TALLAHASSEE, FL 32314

AND
FILED



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

January 3, 2003

JUDY A HEADLEE
5500 S.E. 42ND CT.
OCALA, FL 34480

SUBJECT: CONSIGNMENT GALLERY, LLC
Ref. Number: W03000000150

We have received your document for CONSIGNMENT GALLERY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This office does not file the operating agreement. You must submit "Articles of Organization". Please complete the enclosed documents and return them for processing. Your cover letter is requesting a certified copy. Please send an additional \$30.00 to pay for a certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 203A00000247

APPROVED
AND
FILED
03 JAN -7 50 8:45
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is Consignment Gallery, LLC

ARTICLE II - Address:

The mailing address and street address or the principal office of the Limited Liability Company is
1729 E. Silver Springs Blvd NBR 1
Ocala, FL 34470

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

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

Name: Joanne Engle
14727 N. US Highway 441
Citra, FL 32113

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..

Joanne Engle
Registered Agent's Signature

ARTICLE IV - Effective Date:

The effective date shall be January 1, 2003

Joanne Engle
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.)

Joanne Engle
Typed or printed name of signee

03 JAN -7 AM 8:45
SECRETARY OF STATE
RECEIVED