

L03000000/079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

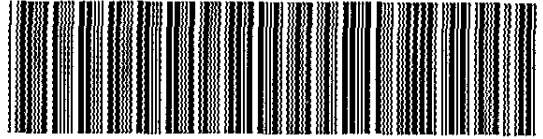
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2003 JAN -9 AM 9:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JAN 10 2003

*Furniture Service America, LLC*

1545 Northpark Drive  
Ft. Lauderdale, FL 33326  
(954)384-4452 Telephone  
(888)349-9888 Facsimile

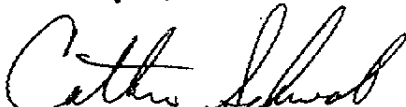
January 7, 2003

Registration Section  
Division of Corporations  
Tallahassee, FL 32314

Enclosed please find Articles of Organization for the company listed above and a check for the filing fees to include the optional Certified Copy and one Certificate of Status.

If there are any questions I can be reached at 954-349-2755.

Thank you,

  
Catherine Schwab

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Furniture Service America, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
1545 Northpark Drive, Ft. Lauderdale, Florida 33326

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

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

CT Corporation System  
 \_\_\_\_\_  
 Name

1200 South Pine Island Road  
 \_\_\_\_\_  
 Florida street address (P.O. Box **NOT** acceptable)

Plantation, FL 33324  
 \_\_\_\_\_  
 City, State, and Zip

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 TALLAHASSEE, FLORIDA

*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.*

*Barbara A. Burke*

**BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY**

Registered Agent's Signature

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

*Leticia M. Annett*

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.)

Leticia M. Annett

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)