

L03000004050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

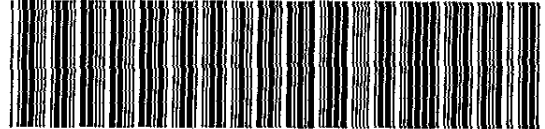
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03 FEB -3 AM 8:52
TALLAHASSEE, FLORIDA

✍ Sharalan furniture ware 600 Maguire Blvd. Suite A
Orlando, Florida 32803

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 24, 2003

To Whom it May concern:

I am enclosing a letter along with the Articles of Organization for Sharalan Distribution, LLC, whose mailing address is:

600 Maguire Blvd. Ste A
Orlando, Florida 32803

Daytime phone number:

407-895-8015.

Thank you very much,

Sharalee Sherman

Sharalee Sherman

**Articles of Organization for Florida Limited Liability
Company**

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TALLAHASSEE, FLORIDA

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Article I-

**The name of the Limited Liability Company is Sharalan
Distribution, LLC.**

Article II-

**The mailing address and street address of the principal
office of the Limited Liability Company is
600 Maguire Blvd Ste A
Orlando, Florida 32803**

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

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

**Alan Sherman
600 Maguire Blvd. Ste A
Orlando, Florida 32803**

Having been named as 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



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.)



Typed or Printed name of signee

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