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Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : FALLACE & LARKIN, L.C.  
Account Number : I20000000191  
Phone : (321) 951-9900  
Fax Number : (321) 724-6002

LIMITED LIABILITY COMPANY

Furniture Brands Direct, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

AND  
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03 JUL 22 PM 2:42  
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**ARTICLES OF ORGANIZATION  
FOR  
FURNITURE BRANDS DIRECT, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: Furniture Brands Direct, LLC.

**ARTICLE II - ADDRESS**

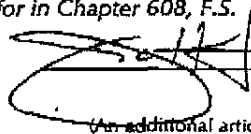
The mailing address and street address of the principal office of the Limited Liability Company is: 4851 U.S. Hwy.  
1 S., Rockledge, Florida 32955.

**ARTICLE III - REGISTERED AGENT**

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

James H. Fallace  
1900 S. Hickory Street, Ste. A  
Melbourne, FL 32901

*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

(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.)

Richard Stevens

Typed or printed name of signee

APPROVED  
AND  
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