# 0500006642

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>.                                    </u>
PICK-UP WAIT MAIL
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# TRANSMITTAL LETTER

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	gistration Sovision of Co					
SUBJECT:	В	ONDHUS HOUSEHOLD FU	JRNITURE, LLC			
SOBJECT,		(Name of Limit		<del></del>		
The enclose	d Articles o	f Organization and fee(s) are	submitted for filing.			
Please return	n all corresp	condence concerning this matt	ter to the following:			
	Kath	leen Marie Bondhus				
		1	(Name of Person)			
	<u>.</u>					
			(Firm/Company)			
_	5150	S.W. 60th Place				
_			(Address)			
	Miam	i, Florida 33155				
		(City	/State and Zip Code)	<del></del>		
For further in	oformation (	concerning this matter, please	call:			
Kath1		ie Bondhus	at ( 305 ) 661-22	66	Z 5 28	
	(Name	of Person)	(Area Code & Daytime T	elephone Number)	ECRETA FORETA	
Enclosed is	a check fo	r the following amount:			ASS.	والمتعدد
<b>J</b> \$125.00 F	iling Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is ea	(1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
	STDE	BT ANDDECC.	BALLES TRUES A	DBDDGG.		

### STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Nan The name of the Li	ne: mited Liability Company	y is:		
BONDHUS H	OUSEHOLD FURNITURE	, LLC		
ARTICLE II - Ad The mailing addres		ne principal office of the Limited Liability Compar	ny is:	
Principal Office A	ddress:	Mailing Address:		
5150 S.W. 60 Miami, Flori		5150 S.W. 60th Place Miami, Florida 33155		
ARTICLE III - Re	egistered Agent, Registe	ered Office, & Registered Agent's Signature:		
The name and the F	lorida street address of t	he registered agent are:		
	Kathleen Marie Bo			
		ame -		
	5150 S.W. 60th P.	t address (P.O. Box <u>NOT</u> acceptable)		
	Miami	1 33155		
		ate, and Zip		
liability compan	y at the place designated	I to accept service of process for the above stated lin in this certificate, I hereby accept the appointment a acity. I further agree to comply with the provisions e performance of my duties, and I am familiar with a	as	

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Marvin J. Bondhus Life Insurance Trust
<del></del>	5150 S.W. 60th Place
	Miami, Florida 33155
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
IVIE. All additional at their must	be added it all effective date is requested.
REQUIRED SIGNATURE:	
The best of the second	I La Paras
Signature of a membe	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)
	n Marie Bondhus- Trustee of the
	ped or printed name of signee
Marvin J. Bo	ndhus Life Insurance Trust

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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