W5000016464

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1/14 FILC
1/4
Office Use Only



300046421683

02/14/05--01096--006 **160.00

MJH

05 FEB 14 PH 2:40

TRANSMITTAL LETTER

то:	Registration Section Division of Corpo					
SUBJE	Easter	n Antique Furniture	e, LLC			
		(Name of Limited	Liability Company)			
The end	closed Articles of O	rganization and fee(s) are sul	bmitted for filing.			
Please	return ali correspond	dence concerning this matter	to the following:			
		Wei Jia, Esquire				
		(N	ame of Person)			
		Law Office of Wei	Jia			
		(F	irm/Company)			
		145 Tremont Street	t, Second Floor			
		- · - ·	(Address)			
		Boston, MA 02111				
						
		(City/S	State and Zip Code)			
For fur	ther information cor	ncerning this matter, please c	all:			
,	Wei Jia, Esqu	ire	at 617 542-15	18		
	(Name of	Person)	(Area Code & Daytime T	elephone Number)		
Enclos	sed is a check for t	he following amount:				
J \$125	•	3 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)			
	STREET	Γ ADDRESS:	MAILING A	DDRESS:		
		tion Section	Registration Section Division of Corporations			
		of Corporations laines Street	P.O. Box 632			
		see, Florida 32399	• , - ,	Florida 32314		

ARTICLE I - Nam	ne: mited Liability Company i						- , -
Eastern Ar	ntique Furniture, LLA	<u> </u>	·—·				
ARTICLE II - Add The mailing address	dress: s and street address of the	principa	ıl offi	ce of the Limit	ed Liability C	ompar	ıy is:
Principal Office A	ddress:	<u>Mai</u>	iling .	Address:			
1530 Dolphir Unit 8	street						
Sarasota, FI	34236					_	
ARTICLE III - Re	gistered Agent, Register	ed Offic	e, &	Registered Aş	gent's Signatu	ıre:	
The name and the F	lorida street address of the Robert Ness	e registe	red ag	gent are:			
•	Nan		-				
	1100 Imperial D	rive,	#206				
•	Florida street a	ddress (P	.O. Bo	x <u>NOT</u> acceptabl	e)		
_	Sarasota	FL		36-2454			
	City, State	, and Zip					
liability compan registered agent an statutes relating to	d as registered agent and to by at the place designated in d agree to act in this capac to the proper and complete p actions of my position as req	n this cer ity. I fun performo gistered	rtifica rther (ance (te, I hereby acc agree to comply of my duties, an	ept the appoin v with the prov d I am familia	tment d visions r with d	as of all and
	Bury B. L	<u> </u>					
	Registered Agen	t's Signat	ure		TALLAGAS	05 FEB 14	
	(CONTI	NUED)			F - 7		in J
	Page 1 o	f2 ,			[(21)	PM 2: կ	

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

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

MGRM	Lin Yang	
	1 Townhouse Road	
	Manchester, NH 03103	
MGRM	May Yan-Meng	
	3 Lewis Road, #4	
	Winchester, MA 01890	•
	······································	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

Lin Yang

May Yan-Meng

Typed or printed name of signee

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)