L05000018828

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Otty/Odda/Ziph Holie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootinoiti (Milas))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900046852949

02/22/05--01015--016 **125.00

2005 FEB 21 PM 3: 2
SECRETARY OF STAT
NALLAHASSEE, FLORI

4

TRANSMITTAL LETTER

SUBJECT: FURNITURE SAFE & Gallery . CO	. C	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the f, llowing:		
Diana Marvez Casado (Name of Person)		
FURNITURE CAFEX Gallery. LLC	-	
4-211 S.W. 75th AUE.	TAS	20
Miami, Fl. 33155	ECRETARY LLAHASSE	15 FEB 21
For further information concerning this matter, please call (36)-388-0750 Diana Marvez Osada 305 793-3539 (Name of Person) (Area Code & Daytime Telephone Number)	OF STATE E. FLORIDA	PH 3: 36
Enclosed is a check for the following amount: \$\square\$\$ \$125.00 Filing Fee \$\square\$\$ \$130.00 Filing Fee,		

Certified Copy

(additional copy is enclosed)

STREET ADDRESS:

TO:

Registration Section Division of Corporations

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

Certificate of Status

MAILING ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
FURNITURE SAFE & Gallery. LLC (Name of Limited Liability Company)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
Diana Marvez Casado 6285 SW147 terr. Mia
Bechin Day 224 5880 SW 74 For CI
G-Ci.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Becher Bayzid
588 Sw 74 th Tevale - Apt 5 Florida street address (P.O. Box NOT acceptable)
miami FL 33143
City, State, and Zip
Having been named as registered agent and to accept service of process for the above bated 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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	a Member	Name and Address:	
Market - Wallaging	g Member	Bether Bayraid 5000 SW Alta Ter	<u></u>
marn		Diana Marvez Ca 6285 SW 147 Jen MIAMI, Fl. 33158	$\frac{33}{3}$
(Use attachment if neo			TAL SE
NOTE: An addition	al article must be	added if an effective date is requested.	LCR A
(Îr of	gnature of a member of a accordance with section this document constitute at the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury in are true.)	TART OF STATE
· _	Diana 1	Larvez Cascalo	
	Туре	d 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)

2015 FEB 21 PM 3:36