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J. Shwere SEP 30 2005

COVER LETTER

	tion Section of Corporations		
SUBJECT: R	attan & Wicker Furnitu		
	(Name of Limite	ed Liability Company)	
The enclosed Art	icles of Organization and fee(s) are s	submitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
ls	aac Gonshor		
		(Name of Person)	
R	attan & Wicker Furnit	ture LLC	
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	
c/e	o 1110 S. Petrolia	Avenue	
		(Address)	
C	ompton, CA 90221		
	(City	//State and Zip Code)	
For further inform	nation concerning this matter, please	call:	ALL AH
Isaac Gonshor		at (800) 728-82	62 ASS
	(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a ch	neck for the following amount:		62 Selephone Number) FLORIT
\$125.00 Filing	g Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RATTAN & V	VICKER FURNITURE,	LLC	
		"Limited Company" or their abbreviation "LLC	C," or "L.C.,")
_	dress and street address of	the principal office of the Limited L	iability Company is:
Principal Offi	ce Address:	Mailing Address:	
2880 N.E.2nd A Boca Raton, FI	venue, Unit 4-B L 33432		
(The Limited Liabil business entity wit	- Registered Agent, Registry Company cannot serve as its ow han active Florida registration.) the Florida street address of Isaac Gonshor	stered Office, & Registered Agent n Registered Agent. You must designate an indi f the registered agent are:	's Signature: vidual or another SLUBETA STARFTA
	10000 001101101	Name	SSESSERY
	6771 Bridlewood (Court	E P S
	Florida str	reet address (P.O. Box NOT acceptable)	95
	Boca Raton FL 3343	33 FL State, and Zip	3
liability con registered age statutes relat	named as registered agent a mpany at the place designat nt and agree to act in this co ting to the proper and comp	and to accept service of process for the ed in this certificate, I hereby accept apacity. I further agree to comply will lete performance of my duties, and I as registered agent as provided for in	the appointment as th the provisions of all im familiar with and

(CONTINUED)
Page 1 of 2

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 M	femb er
MGR	Isaac Gonshor
	6771 Bridiewood Ct
	Boca Raton FL 33432
MGRM	Elisa Gonzales
	3756 Bagley Avenue #203
	Los Angeles CA 90034
	wher than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior
REQUIRED SIGNATU	TRE:
·	(一) 第0
<u>⊁</u> Signatu	re of a member or an authorized representative of a member.
of this d	rdance with section 608.408(3), Florida Statutes, the execution locument constitutes an affirmation under the penalties of perjury ne facts stated herein are true.)
	Typed or printed name of signee
Filing Fees:	
rung rees.	·
\$125.00 Filing Fee for A	rticles of Organization and Designation

Page 2 of 2

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