

Division of Corporations

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Florida Department of State

Division of Corporations

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H32-29089

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : D. Crum BOOSE, CASEY, CIKLIN, ET AL

Account Number : 076376001447

Phone : (561) 832-5900

Fax Number : (561) 833-4209

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

BENT TREE MOUNTAIN FURNITURE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BENT TREE MOUNTAIN FURNITURE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

182 Bent Tree Drive

PALM BEACH GARDENS, FL 33420

Mailing Address:

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

MARK EHMER

Name

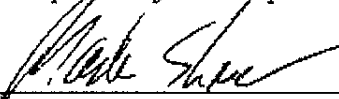
182 BENT TREE DRIVE

Florida street address (P.O. Box NOT acceptable)

PALM BEACH GARDENS FLORIDA 33418

City, State, and Zip

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, Florida Statutes..



Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MARK EHMER

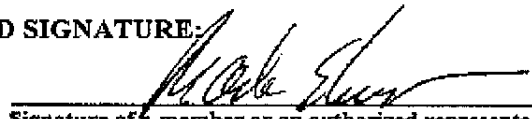
182 BENT TREE DRIVE

PALM BEACH GARDENS, FL 33418

(Use attachment if necessary)

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.)

MARK EHMER

Typed 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)

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