L0000050a27

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
,				

Office Use Only



100073879381

05/12/06--01011--018 **160.00

06 JUN - 1 AM 8: 04

SECRETARY OF STATE BIVISION OF CORPORATIONS

W06-23578

B. McKnight JUN 0 2 2008

COVER LETTER

TO: Registration Section Division of Corporations	Resol	e	
SUBJECT: Ho		irniture, LLC	
SoldEct.		d Liability Company)	
		·	
The enclosed Articles of Organizat	tion and fee(s) are s	ubmitted for filing.	
Please return all correspondence co	oncerning this matte	er to the following:	
Win	some	Smikle Name of Person) E Moniture, LLI Firm/Company)	
	Resal	Name of Person)	
Ho	tel, Fu	rniture, LLI	C
		Firm/Company)	
P. O.	Box 94	0282	
nament Mai	Hard, F	32794-0 (State and Zip Code)	282
	(City	/State and Zip Code)	
For further information concerning	this matter, please	call:	
Winsome 5 (Name of Person)	mille	at (407 925 (Area Code & Daytime To	-3286
,			•
Enclosed is a check for the follo	owing amount:		
\$125.00 Filing Fee \$130 Certific	0.00 Filing Fee & ate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	tion Section n of Corporations ox 6327 ssee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301



May 23, 2006

WINSOME SMIKLE PO BOX 940282 MAITLAND, FL 32794-0282

SUBJECT: HOTEL RESALE FURNITURE, LLC

Ref. Number: W06000023578

We have received your document for HOTEL RESALE FURNITURE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is not complete. You are missing page 2 of your filing. Enclosed is page 2 for you to complete and resubmitt the complete document for filing.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 706A00035999

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability, Company is:	
Hotel, Furniture	
Hotel, turniture	,LLC
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the printing address and street address address and street address and stree	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
65/5 Meritmoor Cir. Orlando, FL 32818	Ro. Bex 940 282 Martland, FL 32794-0282
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Winsome S	mikle
Name	
6515 Meritmo	one Circle
Florida street addr	ess (P.O. Box NOT acceptable)
City, State, an	FL 32818
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of alformance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Registered Agent's Signatur	REQUIRED) OF (REQUIRED) OF (REQUIRED) OF (REQUIRED)
(CONTINU	(ED)
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Winsome Smikle 6515 Meritmoet Cir. Orlando, FL 32818
(Use attachment if necessary)	
ATICLE V: Effective date, if other than the an effective date is listed, the date must or 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days pr
REOUIRED 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.)

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)