

L060000087853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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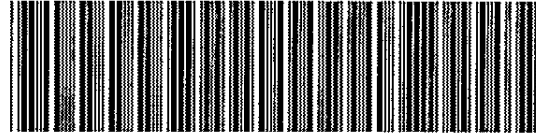
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06 AUG 29 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mf  
~~W06~~ 38392

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Consign Design home furnishings & accessories, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Shottland

(Name of Person)

Consign Design home furnishings & accessories, LLC

(Firm/Company)

6641 NW 26th way

(Address)

Boca Raton, Florida 33496

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Shottland

(Name of Person)

at ( 561 )

998 2234

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate 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)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2006

LINDA SHOTTLAND  
6641 NW 26TH WAY  
BOCA RATON, FL 33496

SUBJECT: CONSIGN DESIGN HOME FURNISHING & ACCESSORIES, LLC  
Ref. Number: W06000038392

We have received your document for CONSIGN DESIGN HOME FURNISHING & ACCESSORIES, LLC. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6065.

MARIA L FENDER  
OFFICE CLERK

Letter Number: 006A00053169

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Consign Design home furnishings & accessories, 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 principal office of the Limited Liability Company is:

### Principal Office Address:

*LS*  
c/o Linda Shottland

6641 N.W. 26th way

Boca Raton, Florida 33496

### Mailing Address:

c/o Linda Shottland

6641 N.W. 26th way

Boca Raton, Florida 33496

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

*LS*

Linda Shottland

Name

6641 N.W. 26th way

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

Boca Raton

FL 32496

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, F.S..*

*Linda Shottland*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

MGR

ps. Schottland

Linda Shottland

6641 N.W. 26th way

Boca Raton, Florida 33496

MGRM

Barbara kraus

2412 N.W. 67th St

Boca Raton, Florida 33496

MGRM

Rochelle

Shelly Perlman

20884 Via Maderia

Boca Raton, Florida 33433

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

ps. R

Linda Shottland

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)**