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Office Use Only



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Effective Date 04 19/10

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR - 6 2010

EXAMINER

COVER LETTER

, , , TO:

Registration Section
Division of Corporations

SUBJECT: Mattress and furniture Depot 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:		
Anthony Carbone Name of Person		
Mattress and furniture Deput Firm/Company		
Firm/Company		
14525 Abuco Lakes Drive , Unit 203		
Address		
Fort Myers, FL 33908 City/State and Zip Code		
City/State and Zip Code		
e-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Anthony Carbone at 83 465-4900 Name of Person Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$160.00 Filing Fee, Certificate of Status Certif		
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 Tallahassec, FL 32301		

Effective Date 04 19 10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Mattress and furniture Depot L (Must end with the words "Limited Liability Co	Umpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	
Principal Office Address:	ailing Address:
1416 W. Tennessee Street; svik3 Tallahassee, FL 33204	1525 Abuco Lakes Rd; unit 203 ort Myers, FL
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered Abusiness entity with an active Florida registration.)	
The name and the Florida street address of the regist Anthony Carbone Name	_
14525 Abaco Lakes Brive; Florida street address	
Firt Myers FL City, State, ar	33908 ad Zip
Having been named as registered agent and to accept liability company at the place designated in this caregistered agent and agree to act in this capacity. If statutes relating to the proper and complete perform accept the obligations of my position as registered	ertificate, I hereby accept the appointment as arther agree to comply with the provisions of al mance of my duties, and I am familiar with and
Registered Agent's Signature (R	EQUIRED) PR -5
(CONTINUE	(D) 5 000
Page 1 of 2	A RPOR

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	Name and Address:
"MGRM" = Managing Member	Anthony Carbone
MGRM	14525 Abaco Lakes Drive, Unit 203 Fort Myers, FL 33908
	<u> </u>
	
(Has attachment if magazanu)	
	date of filing: 4-19-10 (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	1
Outly 7	r or an authorized representative of a member.
Signature of a membe	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated her	ction 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury rein are true.)
An Huny	T. Carbone Jr. ped 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)

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