# 10000044044

Office Use Only



600176991116

04/22/10 -01030--025 \*\*160.00



S. HAWKES

APR 2 3 2010

EXAMINER

### **COVER LETTER**

' TO:

TO:	Registration S Division of Co			·	
SUBJECT: Sarasota Consignment, LLC					
Name of Limited Liability Company					
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.		
Please	return all corresp	ondence concerning this matt	ter to the following:		
	Nicole Brackr	nan			
Name of Person					
Sarasota Consignment, LLC					
	Firm/Company				
651 Crane Prairie Way					
Address					
Osprey, FL 34229					
City/State and Zip Code					
drnb1969@yahoo.com  E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please	·		
Matthew Brackman			at 941 \412-4009		
Name of Person		of Person	Area Code & Daytime Telep	hone Number	
Enclos	sed is a check for	or the following amount:			
<b>□</b> \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy  (Middlifered commissions)	\$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 C	irolo	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: Sarasota Consignment, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 651 Crane Prairie Way 651 Crane Prairie Way Osprey, FL 34229 Osprey, FL 34229 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: Nicole Brackman Name 651 Crane Prairie Way Florida street address (P.O. Box NOT acceptable) FL , 34229 City, State, and Zip Osprey

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..

Registered Agent's Signature (REQUIRED

(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 Member MGR Nicole Brackman 651 Crane Prairie Way Osprey, FL 34229 MGRM Matthew Brackman 651 Crane Prairie Way Osprey, FL 34229 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.)

Nicole Brackman

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)