

L 10 0000 67024

ANDREW A. PACE

(Requestor's Name)

2880 KILLIERANE DR.

(Address)

TALLAHASSEE, FL

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

CONSIGNMENT FURNITURE GALLERY

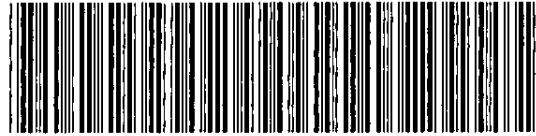
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE

JUN 23 2010

EXAMINER

RECEIVED
10 JUN 23 PM 3:52
TALLAHASSEE, FLORIDA

FILED
10 JUN 23 PM 4:04
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONSIGNMENT FURNITURE GALLERY OF TALLAHASSEE, 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:

1704 CAPITAL CIRCLE NORTHEAST
TALLAHASSEE, FLORIDA 32308

Mailing Address:

1704 CAPITAL CIRCLE NORTHEAST
TALLAHASSEE, FLORIDA 32038

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:

DERICK DAVID BOHN

Name

608 HUMMINGBIRD STREET

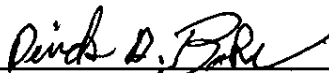
Florida street address (P.O. Box **NOT** acceptable)

LYNN HAVEN

FL 32444

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

MGRM

DERICK DAVID BOHN

608 HUMMINGBIRD STREET

LYNN HAVEN, FLORIDA 32444

MEMBER

LAWRENCE BRENTON COWART

2880 KILKIERANE DRIVE

TALLAHASSEE, FLORIDA 32309

(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.)

DERICK DAVID BOHN

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA