Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the flax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000268377 3)))



H1 00002663773ABC1

Note: DO NOT hit the REFRESIVRELGAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pex Mumber : (

1 (850) 517-6383

From:

Account Name : HUBCO

Account Number : 104562003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Prone Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one smail address please.**

That address: kriegoeni@cfl.Rg.com

RECEIVED

ODEC 14 PM 3: 30

ECRETARY OF STATE

LLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. Kathy Zierdens Used Furniture LLC

Certificate of Status	11_
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

EXAMINER
DEC 1 5 2010

H10000268377

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANI

)	FLORIDA LIMITED LIABILITY CON	MPANY
ARTICLE ! - Name The name of the Limited Liability C	ompanyis: Kathy Zierdens Used	Furniture LLC
ARTICLE II - Address		ES OF T
The mailing address and street addr	ess of the principal office of the Limited Liability	Company is:
Principal Office Address:	Mulling Address:	The B
1343 King Street	1343 King Str	oot
Cocos. FL 32926	Cocon. FL 329	26
ARTICLE III - Registered ARTICLE III - Registered Arthur name and Florida street address	Kathy Zierden	Agent's Signature
	Name 1243 Serongeti Way	•
	(P.O. Box or Mull Drop Dox NOT As	ooptable)
	Rockledge, FL 32955	
	(City / State / Zip)	
	(and i some and	

268377

ARTICLE IV - Manager(s) o The name and address of each Man	r Managing Member(s); lager or Managing Member is as follows;
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kathleen Zierden - 1243 Serengeti Way, Rockledge, FL 32955
MGRM	Robert Zierden - 1243 Serengett Way, Rockledge, FL 32955
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
(In accords	of a member or authorized sepresentative of a member. Ince with section 608.408(3), Florida Statutes, the execution of this
	onstitutes an affirmation under the penalties of perjury that the facts in are true.)
	Kathleen Zierden
	Typed or printed name of signee