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. (Requestor's Name)		
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D. BRUCE
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EXAMINER

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Burns	Court Consignmen	t, LLC	
SUBJECT.	Name of Limited L	iability Company	
The enclosed Articles of	Organization and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
Kara Kiec	linger		
	Nan	ne of Person	
Burns Co	urt Consignment, L	LC	
	Fin	n/Company	
834 Virgin	ia Drive		
		Address	5° 8 7
Sarasota, F			NOV 29 AN TRETARY OF THASSEE.
_	City/Sta	te and Zip Code	mo ≥ Γ
cheryl.rhode	es@verizon.net  E-mail address: (to be used for fu	in the second se	
For forther information of	concerning this matter, please cal	·	AMII: 82 OF STATE E. FLORID
For further information c	concerning this matter, piease ear		Þ
Kara Kiedinger	at	941 955-9944	
Name o	f Person	Area Code & Daytime Telephone Numb	ber
Enclosed is a check for	r the following amount:	/	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, ate of Status & Copy at 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	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name</b>
ARTICLE I - Name

The name of the Limited Liability Company is:

# Burns Court 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:	
506 S. Pineapple Avenue	834 Virginia Drive	
Sarasota, FL 34236	Sarasota, FL 34234	

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.)

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)

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 "MGRM" = Managing Member	Name and Address:
MGRM	Kara Kiedinger 834 Virginia Drive Sarasota, FL 34234
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a meml	per or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are torigonal remaining submitted in a document to the Department of State in an approvided for in s.817.155, F.S.)
Kara Kieding	S = 1
7	
Filing Fees:	± ± 1
\$125.00 Filing Fee for Articles of Org of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	Die A