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L. SELLERS

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brooks 7@hotmail.com

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## FLORIDA LIMITED LIABILITY CO.

## Furniture & Mattress Direct Outlet LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$130.00	

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## ARTICLES OF ORGANIZATION FOR

ARTICLE I - Name	LIABILITY COMPANY
The name of the Timite of Timite. On the second to the	
The name of the Limited Liability Company is: Furniture &	Mattress Direct Outlet LLC
ARTICLE II - Address	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
141 S. State Road #7	141 S. State Road #7
Plantation, FL 33317	Plantation, FL 33317
ADTICLE III Desistand Apont Posistand Of	
The name and Florida street address of the registered agent ar	fice & Registered Agent's Signature c:
	e: lor
The name and Florida street address of the registered agent ar	e:
The name and Florida street address of the registered agent ar  Alicia Brooks Tay  1745 SW 81 Way	c:   <mark>OF</mark>   Name
The name and Florida street address of the registered agent ar  Alicia Brooks Tay  1745 SW 81 Way  (P.O. Box of	c:  or  Name
The name and Florida street address of the registered agent ar  Alicia Brooks Tay  1745 SW 81 Way  (P.O. Box of Davie, FL 33324	c:   <mark>OF</mark>   Name

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ARTICLE IV - Manager(s) or Managing Member(s):  The name and address of each Manager or Managing Member is as follows:  H13000058356		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
_MGR	Allcia Brooks Taylor - 1745 SW 81 Way, Davie, FL 33324	
MGR	Husseln A. Morad - 1745 SW 81 Way, Davle, FL 33324	
MGR	Melita Zamora - 1745 SW 81 Way, Davie, FL	33324
(Use attachment if necessary)  REQUIRED SIGNATURE:  Signature of a member or 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.)		
	Alicia Brooks Taylor	
	Typed or printed name of signee	