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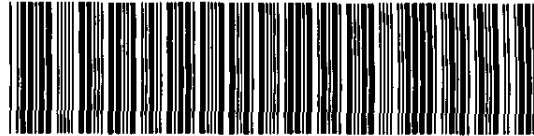
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J. SAULSBERRY
EXAMINER

MAR 19 2013

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turner Distribution of Central GA/AL, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy M. Wallace, Esq.

Name of Person

Akerman Senterfitt

Firm/Company

106 E. College Avenue, Suite 1200

Address

Tallahassee, FL 32301

City/State and Zip Code

srtturner@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy M. Wallace

Name of Person

at (850) 224-9634

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
TURNER DISTRIBUTION OF CENTRAL GA/AL, LLC**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

Article 1 — Name

The name of this limited liability company is Turner ^{Distribution} ~~Enterprise~~ of Central GA/AL, LLC (the "Company").

Article 2 — Duration

The Company shall exist from the date of filing these Articles with the Department of State until the earlier of thirty (30) years from the date of filing or the occurrence of any of the events specified in Florida Statutes Section 608.441, unless continued by the remaining members pursuant to the Company's Operating Agreement.

Article 3 — Mailing Address and Street Address

The Company's mailing address is C/O Turner Furniture Holdings Corp., P.O. Box 1427, Thomasville, Georgia 31799-1427 and street address is 317 Industrial Blvd., Thomasville, GA 31792.

Article 4 - Registered Agent and Office

The name of the initial registered agent of the Company is NRAI Services, Inc. The street address of the initial registered agent of the company is: 1200 South Pine Island Road, Plantation, FL 33324.

Article 5 — Additional Members

Additional members to the company may be admitted, but only pursuant to the Company's Operating Agreement.

Article 6 — Termination of Membership

If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may continue the business of the Company pursuant to the Company's Operating Agreement.

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FALLAHASSET, FLORIDA

Article 7 — Management of the Company

The management of the Company is reserved to the manager designated in accordance with the Operating Agreement. The following person will be the manager:

S. Russell Turner, Jr.
P. O. Box 1427
Thomasville, Georgia 31799-1427

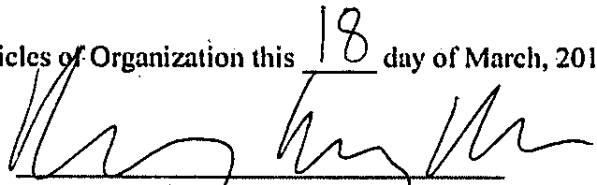
Article 8 — Operating Agreement

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

Article 9 — Date of Existence of the Company

The existence of the Company shall commence on the date of filing the Articles of Organization with the Florida Department of State.

The undersigned executed these Articles of Organization this 18 day of March, 2013.



Nancy M. Wallace, Esq. as Authorized Representative
for S. Russell Turner, Jr.

CERTIFICATE OF DESIGNATION

Having been named Registered Agent for the above stated Company, at the designated Registered Office, the undersigned hereby accepts said appointment, and agrees to comply with the provisions of Florida Statutes relative to keeping the office open.

NRAI Services, Inc.

By: 

Print Name: Michele Holden, Asst. Secretary