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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sherry Connington Antiques, 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:
Sherry Conningtion Name of Person
Sherry Connington Antiques, LLC
1617 N Flagler Drive, 6A West Palm Beach, FL 33407
City/State and Zip Code Sherryepnnington a mail com [E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherry Conning Im at (56) 655-6050 Name of Person at (56) 655-6050 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{3} \text{125.00 Filing Fee} \text{ \$\Bigsim \frac{1}{3} \text{130.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \$\Bigsim \frac{1}{3} \text{160.00 Filing Fee. Certified Copy (additional copy is enclosed)}} \$\Bigsim \frac{1}{3} \text{160.00 Filing Fee. Certified Copy (additional copy is enclosed)}} \$\Bigsim \frac{1}{3} \text{160.00 Filing Fee. Certified Copy (additional copy is enclosed)}} \$\Bigsim \frac{1}{3} \text{160.00 Filing Fee. Certified Copy (additional copy is enclosed)}} \$\Bigsim \frac{1}{3} \text{160.00 Filing Fee. Certified Copy (additional copy is enclosed)}} \$\Bigsim \frac{1}{3} \text{160.00 Filing Fee. Certified Copy (additional copy is enclosed)}} \$\Bigsim \frac{1}{3} \text{160.00 Filing Fee. Certified Copy (additional copy is enclosed)}} \$\Bigsim \frac{1}{3} \text{160.00 Filing Fee. Certified Copy (additional copy is enclosed)}} \$\Bigsim \frac{1}{3} \text{160.00 Filing Fee. 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Sherry Connington Antiques 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: Lelt NFlagler Drive let 1617 NFlagler Drive let West falm Beach, FL 33407 West falm Beach, FL 33407
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:
Sherry Connington
1617 N Flager Drive, 6A Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
WestPalm Beach FL 33407
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 605, F.S
They organized
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Sherry Conninatory
AIII.DIC	1617 A Florier Drivelet
	West Yalm Brach, FL 335
MGK	Craig Connington 1617 & Flagler Drive West Palm Beach, FL 3
EV: Effective date, if other than the	date of filing:
	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 9.
E V: Effective date, if other than the ective date is listed, the date must in filling.) E VI: Other provisions, if any.	
E V: Effective date, if other than the ective date is listed, the date must is filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE.	Summer or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must it of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE. Signature of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ective date is listed, the date must it of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE. Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
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