7/24/23, 10:49 AM

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	n of Conon	nations			李譜
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Fax Num	nber :	(850)617-638	1		23.5
From:					
Account	. Name :	EXPRESS CORP	ORATE FILING :	SERVICE INC.	
Account	: Mumber :	120000000146			;
Phone	:	(305)444-499	4		≓ ,,
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. FISHER'S FURNISHING, LLC

Certificate of Status	0
Certified Copy	l
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

AKTICL	r. ı	٠	ame
The name	of	the	Lim

ited Liability Company is:

Fisher's Furnishings, LLC

(Must contain 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:

4103 West Morrison Avenue

Tampa, FL 33629

4103 West Morrison Avenue

Tampa, FL 33629

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:

Charles Edward Fisher III

Name

4103 West Morrison Avenue

Florida street address (P.O. Box NOT acceptable)

Tampa City State Zip

liaving 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.,

Charlet when

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 4 of 4

13053284774

	Title: "AMBR" – Authorized Member	Name and Address:	
	"MGR" = Manager AMBR	Charles Edward Fisher III 4103 West Morrison Avenue Tampa, FL 33629	
			
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		Σω	_ _
	(Use attachment if necessary)	E CRE	હ
(If an eff the date <u>Note:</u> Ii	fective date is listed, the date must b of filing.)	not meet the applicable statutory filing requirements, this date will not necessary to be specific and cannot be more than five business days prior to or 9	
	.E VI: Other provisions, if any.	dem of State & records.	ن: ر: ا
	REQUIRED SIGNATURE:		
		a member or an authorized representative of a member.	-
	This document is e I am aware that any	xecuted in accordance with section 605.0203 (1) (b). Florida Statutes raise information submitted in a document to the Department of State legree felony as provided for in s.817.155. F.S.	
	Charles Edu	vard Fisher III	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)