

L15000085694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

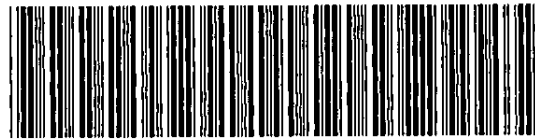
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/15/15--01005--006 **75.00

05/15/15--01005--007 **50.00

05/15/15--01005--008 **4.00

05/15/15--01005--009 **1.00

RECEIVED
DEPARTMENT OF REVENUE
15 MAY 15 AM 10:18
TALLAHASSEE, FLORIDA
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APPROVED
AND
FILED
15 MAY 15 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FL OFFICIAL MAY 15 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freezy Peete's 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:

Damien A. Lizana
Name of Person

Firm/Company

2626 East Park Avenue Suite 17303
Address

Tallahassee FL 32301
City/State and Zip Code

dal1775@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damien Lizana at (850) 559-5870
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

C.E.O. / President

Name and Address:

Damien Lizana
2626 East Park Avenue Suite 17303
Tallahassee, FL 32301

Vice President


Tawana Mills
2626 East Park Avenue Suite 17303
Tallahassee FL 32301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Damien Lizana
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 15 AM 10:26

APPROVED
AND
FILED