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(Address)	00000020100
(City/State/Zip/Phone #)	07/12/0401058015 **125.00
(Business Entity Name)	
(Document Number)	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED		
SUBJECT: FROZEN ASSETS, LLC (Name of Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
The enclosed Articles of Organization and fee(s) are submitted for filing.	TALLAHASSÉE, FLORIDA		
Please return all correspondence concerning this matter to the fol	llowing:		
RICHARD BIRNBAUM (Name of Person)			
(Name of Person)			
(Firm/Company)			
115 th Avenue (Address) TREASURE Island, FL 3			
(Address)			
TREASURE Island, The 3	13706		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
RICHARD BIRNBAUM at 609, 665-1	1643		
(Name of Person) (Area Code & Daytime Telephot	ne Number)		

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name: The name of the Limited Liability Company is: FROZEN ASSETS, LLC ARTICLE II - Address: The mailing address and street address of the principal office of t	
ARTICLE II - Address:	
	64 T
	of the Limited Liability Company is:
\ <u></u>	ing Address:
265 115th AUE	265 115th Ave
ZG5 115th AUE TREASURE IS/qua, FL 33706	765 115 th AUE TREASURE Island, FL
	33 +0 6
Name 265 115 th AUE Florida street address (P.O. Box NOT accept TREASURE IslandFLORIDA City, State, and Zip	stable)
been named as registered agent and to accept service of process f ty at the place designated in this certificate, I hereby accept the ap act in this capacity. I further agree to comply with the provisions aplete performance of my duties, and I am familiar with and accep registered agent as provided for in Chapter 608, Flor	for the above stated limited liability spointment as registered agent and of all statutes relating to the proper of the obligations of my position as
1900	
Registered Agent's Signature	

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:				
Title: "MGR" = Manager "MGRM" = Managing Member MGRM	Name and Address: RICHARD 1 265 115 115	SECRETARY OF TALLAHASSEE, F STRUBAUM AUE TSCAND, FL	STATE LORIDA	
			- - - -	
(Use attachment if necessary)			•	
NOTE: An additional article must be REQUIRED SIGNATURE: Signature of a member or an au (In accordance with section 608.	athorized representative of a 408(3), Florida Statutes, the ex	member.		
of this document constitutes an a	ffirmation under the penalties			

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee