

L05000014479

(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



800045846478

02/07/05--01063--023 **1301.00

SEC. OF STATE
TALLahassee, FL

2005 FEB -7 PM 1:29

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FREEMAN GROUP, 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:

KARAN FREEMAN
(Name of Person)

(Firm/Company)

3101 SHADOW POND TERRACE
(Address)

WINTER GARDEN, FL 34787
(City/State and Zip Code)

For further information concerning this matter, please call:

KARAN FREEMAN at (407) 656-2515
(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)

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

REC-111
FEB 7 2005
TALLAHASSEE, FL

2005 FEB -7 PM 1:29

FILED

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
THE FREEMAN GROUP, LLC**

ARTICLE I – NAME

The name of the Limited Liability Company is THE FREEMAN GROUP, LLC.

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address

3101 Shadow Pond Terrace
Winter Garden, FL 34787

Mailing Address

3101 Shadow Pond Terrace
Winter Garden, FL 34787

ARTICLE III – RESIDENT AGENT, OFFICE AND SIGNATURE

The name and the Florida street address of the registered agent are:

Karan Freeman
3101 Shadow Pond Terrace
Winter Garden, FL 34787

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 608, F.S.



Registered Agent's Signature

2005 FEB -7 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


FILED

ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

| <u>Title</u> | <u>Name and Address</u> |
|---------------------|--|
| Managing Member | Karan Freeman 3101 Shadow Pond Terrace Winter Garden, FL 34787 |

Required Signature:



Karan Freeman
Managing Member

FILED
2005 FEB -7 PM 1:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA