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(Re	equestor's Name)	
(Ac	ddress)	*
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(Ci	ty/State/Zip/Phon	e #)
<u></u>	WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: THE FREE (Name of Limited	MAN GROUP I Liability Company)	LLC	
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
KARAN	FREEMAN lame of Person)		
(N	lame of Person)		
1)	fim/Company)		
3101 SHADOW PO	(Address)	<u>CE</u>	
WINTER GARD	State and Zfp Code)	787	
For further information concerning this matter, please	call:		
KARAN FREEMAN (Name of Person)	at (107) 656 (Area Code & Daytime To	25)5	
Enclosed is a check for the following amount:		23() <u> </u>	1 3 1 3
S125.00 Filing Fee \$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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

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

Mailing Address

3101 Shadow Pond Terrace Winter Garden, FL 34787 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

<u>ARTICLE IV - MANAGER(S)</u> OR MANAGING MEMBER(S)

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

Title

Name and Address

Managing Member

Karan Freeman

3101 Shadow Pond Terrace Winter Garden, FL 34787

Required Signature:

Karan Freeman

Managing Member

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