

MAR 18, 2005 09:13A

FROM : CLARION VENTURES, INC.

352 466 8601

FAX NO : 523 465 8640

Mar. 17, 2005 08:23PM

Page 1

W05000027761

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0282

From:

Account Name : CLARION VENTURES, INC.  
Account Number : X20030000026  
Phone : (423) 465-8636  
Fax Number : (523) 465-8640

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Freedom Enterprises, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Freedom Entorprises, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**8525 Elgrove StreetSpring Hill Fl, 34608**Mailing Address:**8525 Elgrove StreetSpring Hill Fl, 34608**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Susan Neville Egolf

Name

8525 Elgrove StreetFlorida street address (P.O. Box **NOT** acceptable)Spring Hill, FLORIDA 34608

City, State, and Zip

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, Florida Statutes..

Susan Neville Egolf  
Registered Agent's Signature

FAX AUDIT # H05000067475 3

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**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

**Name and Address:**

MGR

Susan Neville Egolf

8525 Elgrove Street

Spring Hill FL, 34608

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**
  
 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SUSAN NEVILLE EGOLF

Typed or printed name of signer

**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)

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