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Florida Department of State  
Division of Corporations  
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4/22

Electronic Filing Cover Sheet

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To: Division of Corporations\*  
Fax Number : (850) 205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

05 APR 22 PM 1:19

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RECEIVED  
05 APR 22 PM 12:32  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

frofreta associates, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

③

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FroFreta Associates, LLC.

### ARTICLE II - Address:

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

#### Principal Office Address:

9484 Saddlebrook Drive  
Boca Raton, Florida 33496

#### Mailing Address:

9484 Saddlebrook Drive  
Boca Raton, Florida 33496

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Fredricksen Mesidor

Name

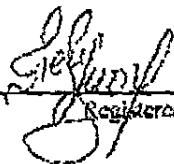
9484 Saddlebrook Drive

Florida street address (P.O. Box NOT acceptable)

Boca Raton, Florida 33496

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, F.S.*



Registered Agent's Signature

(CONTINUED)

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*Handwritten signature*

**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

FREDRICKSEN MESIDORT

9484 Saddlebrook Drive

Boca Raton, Florida 33496

MGRM

FRANTZ CELESTIN

61 Laurel Road

Central Nyack, NY 10960

MGRM

THAMARA MESIDORT

9484 Saddlebrook Drive

Boca Raton, Florida 33496

MGRM

ROSE CELESTIN

61 Laurel Road

Central Nyack, NY 10960

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

*Handwritten signature of Fredricksen Mesidort*  
\_\_\_\_\_  
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.)

FREDRICKSEN MESIDORT

Typed or printed name of signer

**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)

*Handwritten number: 405000100193*