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	equestor's Name)	_ <del></del>		
(Address)				
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(Ac	ldress)			
(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
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## TRANSMITTAL LETTER

	Registration Se Division of Co			
SUBJEC'	Γ: FRAI	O HOLDINGS NO. 2, L	LC	
		(Name of Limite	d Liability Company)	
The enclo	sed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please reti	ırn all corresp	ondence concerning this matte	er to the following:	
	Ph	ilip A. Kaiser		
		0	Name of Person)	
Т	he Kaiser	Law Firm, P.C.		
		(	Firm/Company)	
	12231	Manchester Road, 1	<del></del>	
			(Address)	
		St. Louis, Missour		
		(City/	State and Zip Code)	
For further	information	concerning this matter, please	call:	
Phi	lip A. Ka	iser	at (314	6
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed	is a check fo	r 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)
	STDE	ET ANDDESS.	MARITHO A	DDDECC.

#### 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
FRALO HOLDINGS NO. 2, LLC	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
13622 Plantation Lake Circle Hudson, Florida 34669	13622 Plantation Lake Circle Hudson, Florida 34669
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
Gary Davis	
Name	
9020 Rancho Del F	<del></del>
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)
New Port Richey,	<del></del>
City, State,	and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	ASSE 4
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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:	Name and Address:			
"MGR" = Mana				
"MGRM" = Mai	naging Member			
MGR		Franklin Johnson		
	····	13622 Plantation Lake Circle		
		Hudson, Florida 34669		
MGR		Lois Johnson		
		13622 Plantation Lake Circle Hudson, Florida 34669		
		Hudson, Florida 34009		
	<del></del>			
	<del></del>			
(Use attachment	if necessary)			
(Ose attachment	ii necessary)			
NOTE: An add	litional article must	be added if an effective date is requested.		
REQUIRED SI	GNATURE:			
	0 6			
	Signature of a member or an authorized representative of a member.			
	Signature of a membe	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.)			
	Philip A. Kaiser			
		ped or printed name of signee		

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)