L06000005156

(Requestor's Name)
	Address
(,	Address)
(Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(I	Document Number)
· ·	
Cartified Capies	Cartification of Ctables

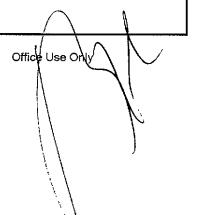


200063145022

2006 JAN 17 PH 3: 51

Special Instructions to Filing Officer:











CORPORATION SERVICE COMPANY. ACCOUNT NO. : 072100000032 REFERENCE: 815275 4305390 AUTHORIZATION : Smelle le ma. The state of the s COST LIMIT : ORDER DATE: January 17, 2006 ORDER TIME : 11:58 AM ORDER NO. : 815275-010 CUSTOMER NO: 4305390 DOMESTIC FILING FREEMAN FAMILY ENTERPRISES, NAME: LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE 1 - Name:	76	El The
The name of the Limited Liability Compar	ıy is:	7 6
Freeman Family Enterprises, LLC		
(Must end with the words "Limited Liability Company,"	"Limited Company" or their abbteviation "LLC," or "L.C.,")	20% 5
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
3010 Marcos Drive, Building R, #610	3010 Marcos Drive, Building R, #610	
Aventura, FL 33160	Aventura, FL 33160	n na ut
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · ·
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	, .
	Name	
3010 Marcos Drive, Buildi		

Flaving 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..

City, Stare, and Zip

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

33160

Registered Agent's Signature (RECORES)
Regina Freeman

Aventura

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Margie Freeman
	356 Redmond Road
	South Orange, NJ 07079
MGR	Saruh Freeman
	22 Arborway
	Jamaica Plain, MA 02130
	No
(Use attachment if necessary)	
ICLE V: Effective date, if other tha	an the date of filing: (OPTIONAL
	ust be specific and cannot be more than five business days
90 days after the date of filing.)	
•	
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.)

By: Gary A. Phillips, Esq., Authorized Rep.
Typed or printed name of signee

Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Starus (Optional)