# Loloo122065

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
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Office Use Only



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SECRETANY OF STATE
FALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration Section Division of Corporations	:
SUBJECT: FREEDOM TE (Name of Resultin	g Florida Limited Company)
The enclosed Certificate of Conversion, A convert an "Other Business Entity" into a accordance with s. 608.439, F.S.	Articles of Organization, and fees are submitted to "Florida Limited Liability Company" in
Please return all correspondence concerni	ng this matter to:
STEVEN GROSS (Contact Person)	<del> </del>
F-REEDOM TELEWORK	
22158 APP/ETON (Address)	
ROCA RATON FL (City, State and Zip Code)	23428
For further information concerning this m	atter, please call:
STEVEN GROCI (Name of Contact Person)	at ( <u>161</u> ) <u>497</u> 1200 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	punt:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

### **Certificate of Conversion**

For

## "Other Business Entity"

Into

### Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is:
(Enter Name of Other Business Entity) Pole -9561
2. The "Other Business Entity" is a CORPORATION.  (Enter entity type. Example: corporation, limited partnership, sole proprietorship,
general partnership, common law or business trust, etc.)
(Enter state, or if a non-U.S. entity, the name of the country)
on JRNUARY 19, 2006. (Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
NA
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
FREEDOM TEEWORK LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)

Page 1 of 2

5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of O listed therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 13 day of DECEMBER	2006.
Signature of Authorized Person:	<i>J</i>
Printed Name: STEVEN GROSS Title	(60
Fces:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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

ARTICLE 1 - Na The name of the 1	a <b>me:</b> Limited Liability Compan	y is:	
FREEDO (Must end with the wor "L.C.")	M TE EWOR	EX LLC Limited Company" or their abbreviation	LLC," o
<b>ARTICLE II - A</b> The mailing addr Liability Compan	ess and street address of t	he principal office of the Limite	ed
Principal Office	Address:	Mailing Address:	
22158 App BOLA RAT	IFTON AMUE ON, FL 33428		
Signature: (The Limited Liability individual or another		tered Office, & Registered Ag Registered Agent. You must designate an	
The name and the	Florida street address of	the registered agent are:	
		<u>C C</u> Name	
		P.O. Box NOT acceptable)	
	BOCA RATON	FL 33428	

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 (REQUIRED)

City, State, and Zip

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	STEVEN GROCS 22150 APPLETON DRIVE BOCA RATIN, FL 33428
MGRM	PRESTAN AUGENBAUM 22611 ESPLANADA CIDCLE BOCA RATON, FL 33433
MGRM	NATHAN TORRES UNIT 1809 PIONEER WELT NIGHLAND ( MADIJON IT, MANDALVIONG CITY 157)
MGRM	JENNIFER GROSS  22159 APPLETON PRIVE  BOCA RATIN FL 33428  (Use attachment if necessary)
ARTICLE V: Effective date, if other that OPTIONAL)  If an effective date is listed, the date no outsiness days prior to or 90 days after the second s	nust be specific and cannot be more than five
REQUIRED SIGNATURE:	

Signature pital 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.)

STEVEN GRS ST Typed 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)