(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A., A						
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COVER LETTER

то:	Registration Solution Of Co			
SUBJI	ECT: Freedo	om Research Group, l		
		· (Name of Limite	d Liability Company)	
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	,
Please	return all corresp	oondence concerning this matte	er to the following:	
	Arlene Mal	inosky		
		(Name of Person)	
	Freedom R	Research Group, LL0		
		(Firm/Company)	
	268 Sunflo	ower Ct.		
			(Address)	
	Marco Isla	and, FL 34145		
		(City	/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
Arler	ne Malinosky	/	at (239) 394-01	73
-	(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclos	sed is a check fo	or the following amount:		
✓ \$125	5.00 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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Freedom Research Group,				
(Must end with the words "Limited I	Liability Company, "Limited Company"	or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and str	eet address of the principal of	fice of the Limited Liability Com	ıpany	is:
Principal Office Address:	<u>Mailing</u>	Mailing Address:		
268 Sunflower Ct.	268 Sunfl	ower Ct.		
Marco Island, FL 34145	Marco Isla	and, FL 34145		
business entity with an active Florid	not serve as its own Registered Agent.			SITT
The name and the Florida s	reet address of the registered	agent are:	FEB 21	CRETAR ION OF (
The name and the Florida s	reet address of the registered a	agent are:	21	FILED CRETARY OF ION OF COR
The name and the Florida st	reet address of the registered	agent are:	21	FILED CRETARY OF STATION OF CORPORAT
The name and the Florida st	reet address of the registered a Malinosky Name		FEB 21 AH 10: 24	FILED CRETARY OF STATE ION OF CORPCRATION
The name and the Florida st	Name flower Ct. Florida street address (P.O. Eland FL 341	Box NOT acceptable)	21	FILED CRETARY OF STATE ION OF CORPCRATIONS
The name and the Florida si	Name flower Ct. Florida street address (P.O. E	Box NOT acceptable)	21	FILED CRETARY OF STATE ION OF CORPORATIONS

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** Arlene Malinosky 268 Sunflower Ct. Marco Island, FL 34145 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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.)

Arlene Malinosky

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)