

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FIGING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973
Fax Number: (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FREEDOM CAPITAL GROUP, LLC

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

SECRETARY OF STATE DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

FREEDOM CAPITAL GROUP, LLC

(Must and with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

12555 ORANGE DRIVE STE #231	12555 ORANGE DRIVE STE #231
DAVIE, FL 33330	DÁVIE, FL 33330

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another hydrogen control with an active Plevida registered agent.

business entity with an active Florida registration.)

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

ROXANA CRUZ-MORALES

12555 ORANGE DRIVE STE #231

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

DAVIE, FL 33330
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 (REQUIRED)

(CONTINUED) Page 1 of 2

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FROM : LAZARUS

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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 **ROXANA CRUZ-MORALES** 12555 ORANGE DRIVE STE #231 **DAVIE, FL 33330** MGRM ISABEL PALMA 7003 NW 169 ST HIALEA, FL 33015 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.) ROXANA CRUZ-MORALES 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)

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