

LU9UWU 95062

(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:

Office Use Only



100160938321

10/02/09--01008--001 \*\*250.00

RECEIVED  
09 OCT -2 AM 9:02  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 OCT -2 AM 9:13  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

OCT - 2 2009

EXAMINER

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: orders@advancedincorporating.com  
Website: www.advancedincorporating.com

NAME OF ENTITY <u>Freedom Formulations, LLC</u>	<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 OCT -2 AM 9:13</div> <div>FOR OFFICE USE ONLY</div>
--	--

## PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY

## FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 10/2/09 TIME 8:30

Notes: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
FREEDOM FORMULATIONS, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT -2 AM 9:13

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

**ARTICLE I - Name**

The name of the limited liability company is: **FREEDOM FORMULATIONS, LLC**, hereinafter referred to as the "Limited Liability Company."

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 8200 Seminole Boulevard, Seminole, Florida 33772.

**ARTICLE III - Period of Duration.**

The Limited Liability Company shall come into existence upon the filing of these Articles of Organization with the Secretary of State, State of Florida, and shall have perpetual existence, unless earlier terminated by operation of law or as provided in these Articles of Organization or the Operating Agreement of the Limited Liability Company.

**ARTICLE IV - Initial Registered Office and Registered Agent**

The name and address of the initial registered agent in Florida for the Limited Liability Company is: Clifford J. Hunt, Esquire, c/o Law Office of Clifford J. Hunt, P.A., 8200 Seminole Boulevard, Seminole, Florida 33772.

**ARTICLE V - Membership**

Additional Persons or Entities may be admitted to the Limited Liability Company as members upon unanimous consent of the current members and on such terms and conditions as

determined by the members and in accordance with these Articles of Organization and the Operating Agreement of the Limited Liability Company.

#### **ARTICLE VI - Purpose**

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

#### **ARTICLE VII - Continuity of Business.**

Upon the death, retirement, resignation, expulsion, bankruptcy, dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company shall not be continued and the Limited Liability Company shall be dissolved unless there is obtained the consent of all the remaining members of the Limited Liability Company within ninety (90) days of the terminating or dissolving event.

#### **ARTICLE VIII - Management.**

The Limited Liability Company shall be managed by a Manager. The name and address of such Manager who is to serve as such until the first annual meeting of the members or until its successor is elected and qualified is as follows: Brian K. Kistler, 6615 Brotherhood Way, Fort Wayne, Indiana 46825.

#### **ARTICLE IX - Rules and Regulations of the Company**

The power to adopt, alter, amend or repeal the rules and regulations of the Limited Liability Company shall be vested in the members of the Company in accordance with the Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, the undersigned, being the organizer/incorporator of the Limited Liability Company, certifies that this instrument constitutes the proposed Articles of Organization of FREEDOM FORMULATIONS, LLC, pursuant to, and in accordance with, Chapter 608, of the Florida Statutes.

Duly executed at Seminole, Florida on this 1st day of October, 2009.

  
Clifford J. Hunt, Organizer/Incorporator

STATE OF FLORIDA                     )  
COUNTY OF PINELLAS             )

BEFORE ME, the undersigned authority, personally appeared Clifford J. Hunt, who is known to me and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 1st day of October, 2009.

  
NOTARY PUBLIC, State of Florida

(SEAL)

My Commission Expires:

NOTARY PUBLIC-STATE OF FLORIDA  
Susan Stanina  
Commission # DD841832  
Expires: DEC. 10, 2012  
BONDED THRU ATLANTIC BONDING CO., INC.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.407, Florida Statutes, the mentioned Limited Liability Company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the limited liability company is: FREEDOM FORMULATIONS, LLC;
2. The name and street address of the registered agent and office is: Clifford J. Hunt, c/o Law Office of Clifford J. Hunt, P.A., 8200 Seminole Boulevard, Seminole, Florida 33772.

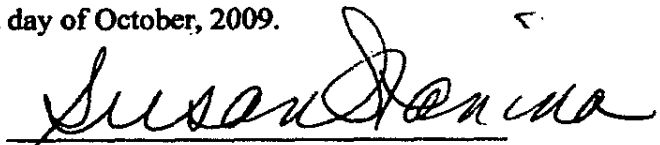
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL 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.

  
Clifford J. Hunt, Registered Agent

STATE OF FLORIDA       )  
COUNTY OF PINELLAS    )

BEFORE ME, the undersigned authority, personally appeared Clifford J. Hunt who is known to me and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this 1st day of October, 2009.

  
NOTARY PUBLIC, State of Florida

(SEAL)

My Commission Expires:

NOTARY PUBLIC-STATE OF FLORIDA  
Susan Stanina  
Commission # DD841832  
Expires: DEC. 10, 2012  
BONDED THRU ATLANTIC BONDING CO., INC.