L10000094416

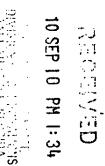
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Fione #)
☐ PICK-UP ☐ WAIT ☐ MAIL
/
(Business Entity Name)
(200,000 2,000)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



500184983575

09/10/10--01007--021 **125.00



10 SEP 10 PM 1:48

COVER LETTER

TO: Registration Division of C			
SUBJECT: An	drew Freena	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
And	rew Free ma		
•		Name of Person	
		Firm/Company	
2131	N) Meridia h	1 A0+278	
	10 iii	Address	
Talkha	ssec 1 FL Cit	Apt 208 Address 32303 V/State and Zip Code	
 	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	·	
Andrew Free	- ,		58
Name	of Person	at (<u> </u>	hone Number
Enclosed is a check f	or the following amount:	•	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Andrew Freeman LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
79/1/a hassee ,FL 32303 Same
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 business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Archive Treenan Name
2/31 N Mevidean ReApt 208 States Co. 2 The Florida street address (P.O. Box NOT acceptable)
Tallahasser FL 37303 Fin 5
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

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member MGL M	Andrew Freenan 2131 N. Meridian Rd Afriz 88 Tally FL, 32303
ffective date is listed, the date must b	e date of filing: (OPTION be specific and cannot be more than five business da
LE V: Effective date, if other than the	e date of filing: (OPTION
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document const that the facts stated he	e date of filing:

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)