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(Req	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
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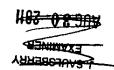
Effective Date 9-/-//

08/29/11--01042--013 **160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

AUG 30 2011



COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	cr: Freedom Assembly Service LL Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please n	eturn all correspondence concerning this matter to the following:
_	eturn all correspondence concerning this matter to the following: William Yeshell ARE & STAR Name of Person SSR 29 F
-	111,446
_	Freedom Assembly Service Fig. 3 50 12800 Vonn Rd # 73 57/8
	Address Address
_	Laygo FL 33774 City/State and/Zip Code
_	Freedom. Assembly, Service Q. 6 mail. Com E-mail address: (to be used for future annual report notification)
For furth	her information concerning this matter, please call:
	William Presnell at (352) 234-3274 Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Conrier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Freedom Asse (Must end with the words "Limited Liability	emply Service	LLC.
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
12900 Vonn Rd	12800 Vonn Rd	
# 7354	<u># 7354</u> Largo, FL 3 37	<u> </u>
Largo, FL 33774	Largo, FL 337	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's ered Agent. You must designate an individ	lual or another
The name and the Florida street address of the re	egistered agent are:	ZOII AUG. SECRETA ALLAHAS
William Name	Presnell	29 RYC SEE
12800 Von	n Rd # 7354 ress (P.O. Box NOT acceptable)	AM 8:5
Lavg O City, Stat	FL 33774 te, and Zip	☆ 6 0
77 1 7 7 1 1		

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

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	William Presnell 12800 voun Rd # 7354 Largo, FL 33774
	
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must be	e date of filing: 9/1/2011 . (OPTIONAL) be specific and cannot be more than five business days p
LE V: Effective date, if other than the	be specific and cannot be more than five business days p
LE V: Effective date, if other than the ffective date is listed, the date must be	be specific and cannot be more than five business days p
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days p SECRETARY OF Premell
ELE 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	SECRETARY OF STALLAHASSEE, FLORE or an authorized representative of a member.
LE 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 a	be specific and cannot be more than five business days p SECRETARY OF Primile Primile

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)