

L12000021542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB 14 2012
EXAMINER

THE FRIED FAMILY OFFICE LLC
POST OFFICE BOX 2840
PALM BEACH, FLORIDA 33480
561 596 4559
FEBRUARY 8TH, 2012

Dear Sir/Madam,

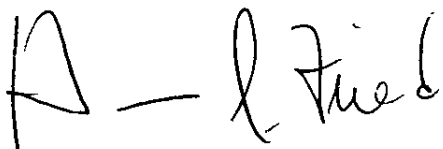
This letter is to inform you that we give our consent to the use of the above name for the new registration that accompanies this letter.

This application is for a new company formation and not for reinstatement.

I have enclosed a check for \$125.00 to cover the cost of the registration.
Please feel free to contact me should you have any questions.

Thank you very much for your kind assistance.

Best regards,



HARRIS S. FRIED

PM 5:57
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SECUR
MAILING SERVICE
FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE FRIED FAMILY OFFICE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARRIS S. FRIED
Name of Person

THE FRIED FAMILY OFFICE LLC
Firm/Company

P.O. Box 2840
Address

PAWM BEACH, FL. 33480
City/State and Zip Code

HARRIS. FRIED @ GMAIL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARRIS S. FRIED at (561) 596-4559
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 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 Address
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARZ FRIED FAMILY OFFICE LLC

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

ARTICLE II - Address:

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

Principal Office Address:

212 OLEANDER AVE., #4
PALM BEACH, FL. 33480

Mailing Address:

P.O. Box 2840
PALM BEACH, FL.
33480

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:

HARMS S. FRIED

Name

212 OLEANDER AVE., #4

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

PALM BEACH, FL 33480

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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..

H. S. Fried

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

HARRIS S. FRIED
212 OLEANDER AVE., #4
PALM BEACH, FL. 33480

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STATE
10807

2013 FEB 13

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 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:

H. S. Fried

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

HARRIS S. FRIED

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)