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Effective Date 2/24/17

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	asmine Freedom Name of Limited	Fest. Group. d Liability Company	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Ricar	do Zayas	Name of Person	
_Jasm	ine Freedom Fee	5+. Group. Firm/Company	
P.O.B	ox 35278	Address	
54. Pe	tyreburg, FL 3	33713 /State and Zip Code om fest. Com r future annual report notification)	
_cick(@ Jasminetiped	om fest . Com r future annual report notification)	
For further information	concerning this matter, please	call:	
Ricordo Name	Zayas of Person	at (72-7) 804-4 Area Code & Daytime Tele	681 phone Number
Enclosed is a check for	or 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 C Tallahassee, FL 32301	

Effective Date 2/24/12

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
The Jasmine Freedom Fes (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
965 Central Ave. St. Petersburg, FL 33705	P.O. Box 35278 51. Peters birg, FL 33713
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Ricardo Zayas Name	
	ess (P.O. Box NOT acceptable)
St. Petersburg City, Stat	FL 3.3 101 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
M	DIVISE 12
Registered Agent's Signatu	re (REQUIRED)
(CONTINU	FILED AMI
Page 1 of 2	$\overset{\cdot \cdot}{\omega} \overset{\mathcal{A}_{A}}}}}}}}} }}}}}} $

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ricardo Zuyas 5039 54th Way N. St. Petersburg, Fl 33709
MGR	CHRISTOPHER ORTIL 190112+4 AVE NOMM (816) 5+ PETE FL 337111
MGR	SAMIR KHEMIRI 2120 HZ AVE NORTH ST. PETE FL. 33714
MGRM	Mark Bosco 1720 25th Ave U. St. Pete, FL 33713

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/2/2012. (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:

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.)

Ricardo Zayas
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)

DIVISION OF CORPORATIONS