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**EXAMINER** 

# **COVER LETTER**

SUBJECT: Freeman and Sons Tile 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:  Hans E. Freeman  Name of Person  Freeman and Sons Tile LLC  Firm/Company  22219 Clarks Rd  Address  Fountain Fl. 32438  City/State and Zip Code  hansfreeman535@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Hans Freeman  Name of Person  Area Code & Daytime Telephone Number  For further information concerning this matter, please call:  Hans Freeman  Name of Person  Area Code & Daytime Telephone Number  For further information concerning this matter, please call:	Division of Corporations	•		
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(additional copy is enclosed) Certified Copy (additional copy is enclosed)		(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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CL	Æ	I	-	N	am	e:
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The name of the Limited Liability Company is:

## Freeman and Sons Tile 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:	Mailing Address:
22219 Clarks Rd	P.O. Box 384
Fountain Fl. 32438	Fountain Fl. 32438

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:

	City, State, and Zip	BA BA	-	÷
Fountain	<sub>FL</sub> 32438	FS		
	Florida street address (P.O. Box <u>NOT</u> acceptable)	ù o W ⊃	_	T
22219 Clarks Rd			8 19	Taracar.
	Name	, A:R	-	4
Hans E. I	Freeman	ALI	2012	

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)

# 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

MGR
P.O. Box 384
Fountain FI. 32438

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the 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:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.498(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein after 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.)

Hans E. Freeman

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)