

L12000087629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

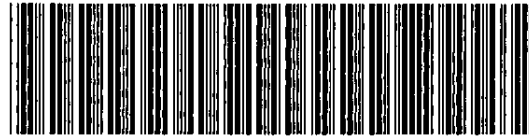
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12-35207

Office Use Only



000236765700

L12-87629

06/26/12--01010--007 **125.00

FILED
12 JUL 2 AM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JUL 06 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREEDOM HOLDING 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:

JAN A. YELEN

Name of Person

YELEN & YELEN PA

Firm/Company

1104 Ponce de Leon Boulevard

Address

Coral Gables Florida 33134

City/State and Zip Code

jyelen@yelen-yelen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan A. Yelen

Name of Person

at (305) 445-3721

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

Yelen and Yelen, P.A.
Attorneys at Law

1104 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

JAN A. YELEN
DANA METZGER

TELEPHONE (305) 445-3721
TELECOPIER (305) 445-3961

IRVING YELEN (1924-1980)
MARTIN YELEN (RETIRED)
DAVID YELEN (RETIRED)

FAX COVER PAGE

DATE: July 2, 2012
TO: Agnes Lunt
FAX NO: 850-245-6030

L12-87629

Re: Freedom Holding LLC
Document No.: W12000035207

Dear Agnes:

We have been advised by Nannette that we may fax you the revised Articles of Organization.

Please confirm that the Articles have been approved for filing.

Thank you.

Best regards,

Kathleen Kotil
Administrative Assistant
Yelen & Yelen PA
1104 Ponce de Leon Boulevard
Coral Gables, Florida 33134
Phone: (305) 445-3721
Fax: (305) 445-3961
kkotil@yelen-yelen.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FREEDOM HOLDING MIAMI 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:13950 N.W. 107th Avenue
Hialeah Gardens, Florida 33018**Mailing Address:**P.O. 170910
Hialeah, Florida 33017**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:

MANUEL C. VELAR

Name

13950 N.W. 107th AvenueFlorida street address (P.O. Box NOT acceptable)Hialeah Gardens, Florida 33018FL

City, State, and Zip

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)

FILED
12 JUL 2 AM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name and Address:MGRMMANUEL C. VELAR13950 N.W. 107th AvenueHialeah Gardens, Florida 33018MGRMCHERYLLYNN VELAR13950 N.W. 107th AvenueHialeah Gardens, Florida 33018

(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 608.408(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.)

MANUEL C. VELAR_____
Typed or printed name of signer**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)

FILED
12 JUL 2 AM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA