

L13000162674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

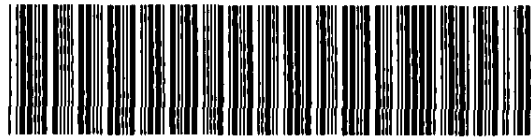
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Special Instructions to Filing Officer:

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A. LUNT

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INVESTMENT  
DIVISION  
2013 NOV 20 AM 9:36  
TO ADOPTED  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
13 NOV 20 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2013

BERTRAM F. SIMMONS JR.  
725 NORTH LK BLVD. APT 75  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: FREEDOM SERVICES MANAGEMENT, LLC  
Ref. Number: W13000064193

We have received your document for FREEDOM SERVICES MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 913A00026807

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

13 NOV 20 AM 9:59

APPROVED  
AND  
FILED

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FREEDOM SERVICES MANAGEMENT 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:

**BERTRAM F SIMMONS JR**

Name of Person

Firm/Company

**725 NORTH LK BLVD APT 75**

Address

**ALTAMONT SPG FL 32701**

City/State and Zip Code

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

For further information concerning this matter, please call:

**BERTRAM SIM**

Name of Person

at ( **850** ) **4210552**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FREEDOM SERVICES MANAGEMENT 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:

725 NORTH LK BLVD APT 75

ALTAMONTE SPG FL 32701

### Mailing Address:

725 NORTH LK BLVD APT 75

ALTAMONTE SPG FL 32701

## 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:

- ELISA JACKSON

Name

2354 CHRISTOPHER PLACE

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

TALLAHASSEE

FL

32308

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)

**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:**

MGR

BERTRAM F SIMMONS JR

725 NORTH LK BLVD APT 75

ALTAMONTE SPG FL 32701

RECEIVED  
11/19/2013  
13 NOV 20 AM 9:55

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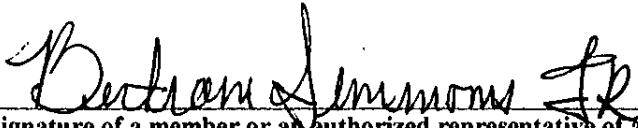
APPROVED  
FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/19/2013 (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.)

BERTRAM SIMMONS

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)