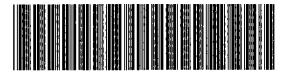
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COVER LETTER

•	TO: Registration Section Division of Corporations		
	SUBJECT: Freedom Reigns, 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:		
	Robert R. Landers Name of Person		
	Firm/Company		
	7540 Reflections Lake Dr.		
	7540 Renections Lake Dr. Address		
	Lakeland, FL 33813	2014 HAR	er and
	City/State and Zip Code	ı	CHEMINA FEETING
	rrandallanders@aol.com E-mail address: (to be used for future annual report notification)		
	For further information concerning this matter, please call:	PM 3: 2	g-1/1-1-1 5-eres-
	Robert R. Landers at (813) 957-2726 Name of Person Area Code Daytime Telephone Number	24	
	Enclosed is a check for the following amount:		
G	\$125.00 Filing Fee \times Certificate of Status \times Certificate of Stat	ed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1962 A. US Hwy 90 West Madison, FL 32340 Attn: Joe N. Haynes 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: Joel N. Haynes Name 1962 A. US Hwy 90 W. Florida street address of the registered agent are: Joel N. Haynes Name 1962 A. US Hwy 90 W. Florida street address (P.O. Box NOT acceptable) Madison FL , 32340 City 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 605, F.S. Registered Agent's Signature (REQUIRED)	ARTICLE I - Name: The name of the Limited Liability	y Company is:			
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EFFECTIVE DATE 02/36/14

"MGR" = Manager MGR MGR Joel N. Haynes 1964 C. US Hwy 90 W. Madison, FL 32340 AMBR Robert R. Landers 7540 Reflections Lake Dr. Lakeland, FL 33813 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: February 26, 2014 (OPTIONAL) or effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft ate of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: REQUIRED SIGNATURE: REQUIRED SIGNATURE: REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605, 2023 (1) (b), 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.) Joel N. Haynes Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			
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ARTICLE IV-