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(Requestor's Name)	
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PICK-UP WAIT MAIL	_
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(Business Entity Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORID.

2 2014



## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: Freedom's Way A	Homes L.L.C.	
Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
1 1 N		
Julia V Moery	ner	
	Name of Person	
Julia V Koerr Freedom's Wa	y Homes	
	Firm/Company	
1001 0 1	1	
1831 Pawnee to	· ·	
	Address	
Lakeland, Fl	33803	
, C	ity/State and Zip Code	
juliev Koerner amail.  E-mailaddress: (to be used	CCIM	
E-mail address: (to be used	for future annual report notification	ation)
For further information concerning this matter, plea	ise call:	
Julia Koerner	013 1-0	201
at (:)	$\frac{363}{\text{Area Code}} = \frac{255-36}{\text{Daytime Te}}$	<del>368</del>
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
<b>→</b> \$125.00 Filing Fee	□\$155.00 Filing Fee &.	□\$160.00 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		(washinging copy is chelosed)
Mallin - Adding	0	
<u>Mailing Address</u> Registration Section	Street/Courier Addi Registration Section	ress
Division of Corporations	Division of Corporat	ions

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's Way Homes (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1831 Pawnee Trl Lakeland, Fl. 33803	Lakeland, Fl. 33803
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered at Tulia V- Koel Name  1831 Pawned  Florida street address (P.O. Box I Lakeland)  City	Registered Agent. You must designate an individual or significant are:
Having been named as registered agent and to accept serv	ice of process for the above stated limited liability company at

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)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Advanta 18A Trust, LLC FBO Julia Koerner IRA 13191 Starkey Road, Ste #7/Largo Fl-337
MGR	Tulia Y. Koerner 1831 Pawnee tol Lakeland, F1 33803
(Use attachment if necessary)	
ICLE V: Effective date, if other than the ceffective date is listed, the date must be	late of filing: April 18, 2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.)	late of filing: April 18,3 2014 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after
ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.)  ICLE VI: Other provisions, if any.	late of filing: April 18.3 2014 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after
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ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	member or an authorized representative of a member.  1 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State tony as provided for in s.817.155, F.S.)

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)