

L14000073244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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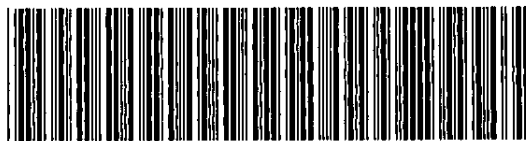
(Business Entity Name)

(Document Number)

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SIMPLE FREEDOM LLC

<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Foreign		
	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
Registration		
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<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	
		<input type="checkbox"/> CUS
	<input type="checkbox"/> Photocopies	
<input checked="" type="checkbox"/> Walk In		<input type="checkbox"/> After 4:30
<input type="checkbox"/> Mail Out	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
Name		
Availability	5/5/2014	Order#:
Document		BIZFILINGS
Examiner	KM	Ref#:
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**ARTICLES OF ORGANIZATION
OF
Simple Freedom LLC**

ARTICLE I NAME

The name of the limited liability company is: Simple Freedom LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
9829 River Crest Ct, Orlando, Florida 32825.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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.

Signature: 

Mark Williams, A.V.P. Business Filings Incorporated

Date: May 2, 2014

ARTICLE IV MANAGERS/MEMBERS

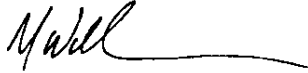
The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is:
Nidia Perez-Alvelo, 9829 River Crest Ct, Orlando, Florida 32825

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ARTICLE V

DURATION

The duration for the limited liability company shall be: Perpetual.



Date: May 2, 2014

(In accordance with section 605.0203 (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.)

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

WI 53717

608-827-5300

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