

L14000111312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

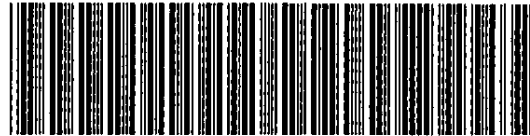
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**HUEGERICH & WINGER PLLC**

**ATTORNEYS AT LAW**

200 1<sup>st</sup> Avenue NW, Suite 304  
Hickory, North Carolina 28601

NANCY L. HUEGERICH  
ANNA H. WINGER

VOICE (828) 855-1889  
FAX (888) 506-9063

July 11, 2014

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: FRE HOLDINGS, LLC**  
Articles of Organization

To Whom It May Concern:

Enclosed please find:

- 1) One original and one copy of Articles of Organization for FRE HOLDINGS, LLC
- 2) Filing fee in the amount of \$125.00
- 3) Stamped return envelope

Please return a stamped copy of the filed statement of change to my office. I appreciate your time and attention to this matter. Please contact me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to be 'Anna H. Winger', with a large, stylized initial 'A'.

Anna H. Winger

AHW/a  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FRE Holdings, 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:

Anna H. Winger  
Name of Person

Huegerich & Winger, PLLC  
Firm/Company

200 1st Avenue NW, Suite 304  
Address

Hickory, NC 28601  
City/State and Zip Code

anna@hwlawnc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna H. Winger at ( 828 ) 855-1889  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

FRE HOLDINGS, 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:**

2801 FLORIDA AVENUE NO 216  
Miami, FL 33133

**Mailing Address:**

2801 FLORIDA AVENUE NO 216  
Miami, FL 33133

**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:

LEWIS M. JONES

Name

2801 FLORIDA AVENUE NO 216

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

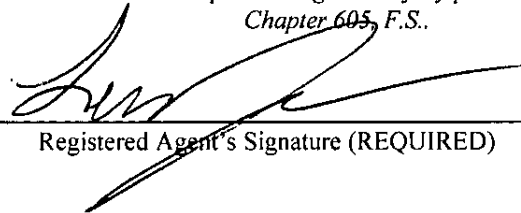
MIAMI

City

FL 33133

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)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Authorized signer

**Name and Address:**

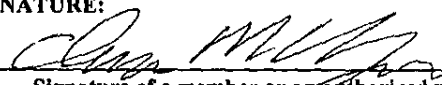
Christopher M. Hodges

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.  
(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.)

Christopher M. Hodges

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)