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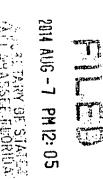
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## **COVER LETTER**

10: Registration Section Division of Corporations	
SUBJECT: FREEDOM TUB & TUB, 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:	
CRAIG J. CREAGER Name of Person	
Name of Person	
FREEDOM TUBABATH LLC. Pirm/Company	
344 WOOD TBIS AUE	
TARPON SPRINGS Florisa 34689  City/State and Zip Code  CREAGERED AOL.COM.	ar 1884.
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please cells:	CONTRACTOR OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE
ror rather intermation concerning this matter, prease can.	i.
CRAig T. CREAGER at (727) 940-7822  Name of Person Area Code Daytime Telephone Number	June James
CRAig T. CREAGER at (727) 940-7822 Name of Person Area Code Daytime Telephone Number	Campan
Enclosed is a check for the following amount:	
\$\sum_{\text{S130.00 Filing Fee}} \text{\$\sum_{\text{S130.00 Filing Fee}} & \$\sum_{\text{Certificate}} \text{\$\sum_{\text{S155.00 Filing Fee}} & \$\sum_{\text{S155.00 Filing Fee}} \text{\$\sum_{\text{S160.00 Filing Fee}} & \$\sum_{\text{Certificate}} \text{\$\sum_{\text{Certificate}} \text{\$\sum_{\text{Certificate}} \text{\$\sum_{\text{Certificate}} \text{\$\sum_{\text{Certified Copy}} \\ (additional copy is enclosed)} \end{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 TUB & R.	Ath. LLC.	
FREEDOM TJB 4 B	Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	tice of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
344 WOOD FBI'S AUE TARDON SPRINGS. FloriDA 34689	344 W COD I TARPON SPRIN 34689	BIS AUE 195 Florida
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must do	
The name and the Florida street address of the registered a	agent are:	
CRAIG J. CR Name 344 wood J Florida street address (P.O. Box	BIS AUE NOT acceptable)	
TARPON SPRINGS	FL 34689	
City	Zip	
Having been named as registered agent and to accept serthe place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblice.  Chapter	the appointment as registered of all statutes relating to the pro	ngent and agree to act in this per and complete performance
Redisterch Agent's Signar	ure (REQUIRED)	2014 AUG
(CONTINUE	ED)	
Page t of 2		PH IZ: C

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMS R	CRAIG J. CREAGER 344 WOOD FBIS AVE TARPON SPRINGS FL. 34689
	<del></del>
	of filing: (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiled.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the date of fective date is listed, the date must be specified of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of metal constitutes an affirmation under I am aware that any false information.	
REQUIRED SIGNATURE:  Signature of medical medi	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of a member are true. nation submitted in a document to the Department of State

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\$ 5.00 Certificate of Status (Optional)

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