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## **COVER LETTER**

| то:           | Registration Section Division of Corporations  |
|---------------|--|
| SUBJE         | ECT: <u>Lisbeth Freeman Law PLLC</u> Name of Limited Liability Company   |
| The en        | closed Articles of Organization and fee(s) are submitted for filing.   |
| Please        | return all correspondence concerning this matter to the following:   |
|               | Lisbeth A. Freeman  Name of Person   |
|               | Lisbeth Freeman Law PLLC   |
|               | Firm/Company   |
|               | 113 Albatross Street Address   |
|               | Fort Myers Beach, FL 33931  City/State and Zip Code  |
| laf           | reeman61@gmail.com  E-mail address: (to be used for future annual report notification)   |
| For fur       | ther information concerning this matter, please call:  |
| <u>Lisbet</u> | h A. Freeman at (239 ) 770-8655  Name of Person Area Code Daytime Telephone Number   |
| Enclose       | ed is a check for the following amount:  |
| □ \$125.0     | 0 Filing Fee   □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status Certified Copy  (additional copy is enclosed)  □\$160.00 Filing Fee,  Certificate of Status &  Certified Copy  (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:   | i,   |
|---|--|
| Lisbeth Freeman Law PLLC (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 of  |  |
| Principal Office Address:   | Mailing Address:   |
| 113 Albatross Street Fort Myers Beach, FL 33931   | 113 Albatross Street Fort Myers Beach, FL 33931  |
| ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration        | Registered Agent. You must designate an individual or n.)  |
| The name and the Florida street address of the registered   | agent are:   |
| Kathryn Friedman<br>Name  | <u> </u>   |
|   |  |
| 113 Albatross Street Florida street address (P.O. Box   | NOT acceptable)  |
| Fort Myers Beach  | FL 33931   |
| City  | Zip  |
| the place designated in this certificate, I hereby accept<br>capacity. I further agree to comply with the provisions<br>of my duties, and I am familiar with and accept the obl | rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S |
| Registered Agent's Signal   | ture (REQUIRED)  |
| (CONTINU  | ED)  |
| Page 1 of 2   | 21 AM 9:<br>SSEE-FLES  |

| Title:   | Manakan  | Name and Address:  |                 |
|--|--|--|-----------------|
| "AMBR" = Authorized "MGR" = Manager  | Member   |  |                 |
| AMBR   |  | Lisbeth A. Freeman   |                 |
|  | -  | 113 Albatross Street   |                 |
|  |  | Fort Myers Beach, FL 33931   |                 |
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