L15000019973

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only



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TILTO

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SECKETARY OF STATE
AND ANASSEE, FLORID

FEB - 3 2015

T. HAMPTON

COVER LETTER

| TO: Registration Division of | n Section Corporations | | |
|------------------------------|--|---|--|
| SUBJECT: Misterfi | reek Name of Li | nited Liability Company | |
| The enclosed Articles | of Organization and fee(s) a | re submitted for filing | |
| | espondence concerning this m | _ | |
| Gibran G | Sarcia | Name of Person | , |
| | | Name of Person | |
| Misterfre | ek | Firm/Company | |
| | | Time company | |
| <u>1101 brid</u> | ckell ave, south tower #8 | Address | |
| | | Address | |
| <u>Miami Fl</u> | | | |
| | | City/State and Zip Code | |
| myquestion@is | freek.com E-mail address: (to be use | d for future annual report notifica | ation) |
| For further information | on concerning this matter, ple | ase call: | |
| gibran garcia | at (! | | ······ |
| Nar | ne of Person | Area Code Daytime Te | lephone Number |
| Enclosed is a check for | or the following amount: | | |
| □ \$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | ☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | iling Address istration Section | Street/Courier Add Registration Section | ress |

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

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: | | |
|---|--|--|
| | | |
| Misterfreek L.L.C | | |
| Misterfreek L.L.C (Must end with the words "Limited" | Liability Company, "L.L.C.," or " | LLC.") |
| ARTICLE 11 - Address: | | |
| The mailing address and street address of the principal of | fice of the Limited Liability Comp | pany is: |
| Principal Office Address: | Mailing Adduses | |
| Trincipal Office Address: | Mailing Address: | |
| Misterfreek | Misterfreek | |
| 1101 Brickell ave, South Tower #8 | 1101 Brickell Ave, South To | wer #8 |
| Miami FI 33131 | Miami Fl 33131 | |
| The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration. The name and the Florida street address of the registered Gibran Garcia | ı.) | mate an individual or |
| Name | | |
| 92 SW 3 ST , unit 2007 | | |
| Florida street address (P.O. Box | NOT acceptable) | |
| miami | FL 33130 | |
| City | Zip | |
| <i>(1)</i> | the appointment as registered age f all statutes relating to the proper | nt and agree to act in this and complete performance |
| (CONTINUE | (D) | ASE 15 |

Page 1 of 2

SECRETARY OF STATE

| <u> Citle:</u> | Name and Address: |
|---|--|
| AMBR" = Authorized Member | |
| 'MGR" = Manager | lace Andrea Dover |
| Director AMDR | Jose Andres Reves 144 Martense St, Apt 3 |
| | Brooklyn NY 11226 |
| 02 | |
| Director ANOR | Gibran Garcia 92 SW 3 ST, unit 2007 |
| | Miami FL 33130 |
| | THICH I COULD |
| | |
| | |
| | |
| | |
| | |
| | |
| EV: Effective date, if other than the dective date is listed, the date must be | ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d |
| (Use attachment if necessary) EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 d |
| E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 d |
| E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 90 d |
| E V: Effective date, if other than the dective date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 90 d |
| E V: Effective date, if other than the dective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section) | member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document |
| E V: Effective date, if other than the dective date is listed, the date must be filling.) E 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: | specific and cannot be more than five business days prior to or 90 d |

Page 2 of 2

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