L1500 0627097

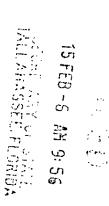
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000269020310

02/06/15--01010--005 **160.00



COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Freedom Strategies, LLC</u> Name of Li	mited Liability Company	·
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Andrew B. Parker	Name of Person	<u>.</u>
		Name of Terson	
	Freedom Strategies, LLC		
		Firm/Company	
	_5000 Culbreath Key Way, Apt 1-2	13	
		Address	
	Tampa, FL 33611		
	•	City/State and Zip Code	
_Ca	afeduran1@gmail.com	16 6.	
	E-mail address: (to be use	ed for future annual report notifica	ition)
For fur	ther information concerning this matter, ple	ease call:	
Andre		813) 826-9657	
	Name of Person	Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
\$125.0	0 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)
	Mailing Address	Street/Courier Addi	ress
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporat	ions
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Freedom Strategies, LLC	ited Liability Company, "L.L.C" or "LLC.")	
(Must end with the words Elimi	ned Liability Company, L.L.C., of LLC.	
ARTICLE II - Address:		
The mailing address and street address of the principa	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5000 Culbreath Key Way	5000 Culbreath Key Way	
Apt 1-213	Apt 1-213	
Tampa, FL 33611	Tampa, FL 33611	
ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its of another business entity with an active Florida registration. The name and the Florida street address of the register.	own Registered Agent. You must designate an individual or ation.)	
The fairle and the Frontag street address of the registe	ned agent are.	
Andrew B. Parker		
Na	ame	
5000 Culbreath Key Way	Apt 1-213	
Florida street address (P.O. I		
Tampa	FL 33611	
City	Zip	
the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the		

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Andrew B. Parker
	5000 Culbreath Key, Apt 1-213
	Tampa, FL 33611
ective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be of filing.)	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must be of filing.)	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	a member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section constitutes an affirmation I am aware that any false in the entire of the entir	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of States (Falony as provided for in a 817 155 F.S.)
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section constitutes an affirmation I am aware that any false in the ectivation of the ection of the e	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State (felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section constitutes an affirmation I am aware that any false in the ectivation of the ection of the e	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false is constitutes a third degree in the constitutes and the constitutes are the constitutes as third degree.	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Parker Typed or printed name of signee
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false is constitutes a third degree in the constitutes and the constitutes are the constitutes as third degree.	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Parker Typed or printed name of signee
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of: (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree is Andrew B. file.	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Parker Typed or printed name of signee