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FORFIARY OF STATE

COVER LETTER

TO:	Registration Division of (Section Corporations		
SUBJI	ЕСТ:	US Freedom Name of Lin	n Defense Alliance, LLC mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
			Luis H. Cuevas Jr. Name of Person	
			Firm/Company	
	2628 Ponce De Leon Dr. Address			
			aples, Florida 34105 City/State and Zip Code	
_		E-mail address: (to be use	usfdallc@gmail.com d for future annual report notific	ation)
For fur	ther informatio	n concerning this matter, ple		
		H. Cuevas Jr. at (_ ne of Person		4 elephone Number
Enclos	ed is a check fo	r 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 Feecolosed)
	Reg	ling Address istration Section ision of Corporations	Street/Courier Add Registration Section Division of Corpora	SS +

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

5 MAY -4 PH 2: 25 ECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
US Freedom Defense				
(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	fice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2628 Ponce De Leon Dr. Naples, FL 34105	2628 Ponce De Leon dr. Naples, FL 34105			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration	Registered Agent. You must designate an individual or			
The name and the Florida street address of the registered	agent are:			
Luis H. Cue	Luis H. Cuevas Jr.			
Name				
2628 Ponce De	al ean Dr			
2628 Ponce De Leon Dr. Florida street address (P.O. Box NOT acceptable)				
Naples	FL 34105			
City	Zip			
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice 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 igations of my position as registered agent as provided for in er 605 FS.			
Registered Agent's Signat	ure (REQUIRED)			
CONTINUE				

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SECRETARY OF STATE

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

Name and Address:

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.)

Lois H. Cuevas Je.

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)

REQUIRED SIGNATURE:

ARTICLE IV-

"MGR" = Manager

"AMBR" = Authorized Member

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