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COVER LETTER

3.

	Registration Division of C	Section orporations		
SUBJECT	Free Bird			
SOUTE	•••		mited Liability Company	
The enclose	sed Articles o	of Organization and fee(s) a	re submitted for filing.	
Please retu	urn all corres	pondence concerning this m	atter to the following:	
	Larry Mod	rcin		
			Name of Person	
	Free Bird,	LLC		
			Firm/Company	
	3609 Wild	erness Blvd W		
			Address	
	Parrish, FL	. 34219		
	-		City/State and Zip Code	
	llmod@aoi.			
		E-mail address: (to be used	I for future annual report notificati	ion)
For further i	information c	oncerning this matter, pleas	e call:	
	Larry Modi	rcin 7	27 365-3937	
	Na		Area Code Daytime Telephon	e Number
Enclosed i	s a check for	the following amount:		
\$125.00 F	iling 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)
	Mail	ing Address	Stroot Address	

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

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:

		Liability Company	, "L.L.C.," or "LLC.")
ICLE II - Address:		5 Cal. 11 5 1	1:17: 6
maining address and street	address of the principal off	ice of the Limited	Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
3609 Wilderness B	lvd W	3609	Wilderness Blvd W
Parrish, FL 34219		Parr	ish, FL 34219
Limited Liability Compa er business entity with a	ı active Florida registration.	Registered Agent. ` .)	
Limited Liability Compa er business entity with a	ny cannot serve as its own R n active Florida registration. et address of the registered a	Registered Agent. ` .)	
ELimited Liability Compa her business entity with a	ny cannot serve as its own R n active Florida registration. et address of the registered a Larry Modrcin	Registered Agent. ` .)	
E Limited Liability Compa her business entity with a	ny cannot serve as its own R n active Florida registration. et address of the registered a Larry Modrcin	Registered Agent. \ agent are: Name	nt's Signature: You must designate an individua
e Limited Liability Compather business entity with a	ny cannot serve as its own R n active Florida registration. It address of the registered a Larry Modrein	Registered Agent. Volume Agent are: Name W.	You must designate an individua
e Limited Liability Compather business entity with a	ny cannot serve as its own R n active Florida registration. et address of the registered a Larry Modrein 3609 Wilderness Blvd	Registered Agent. Volume Agent are: Name W.	You must designate an individua

he further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Larry Modrcin
	3609 Wilderness Blvd W
	Parrish, FL 34219
AMBR	D. Diane Modrcin
	3609 Wilderness Blvd W
	Parrish, FL 34219
ective date is listed, the date must be s of filing.)	ne of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
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E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of an (In accordance with see constitutes an affirmation I am aware that any fall.)	meet the applicable statutory filing requirements, this date will not be to of State's records. The member of an authorized representative of a member. State of 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State
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