

L15000/94080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

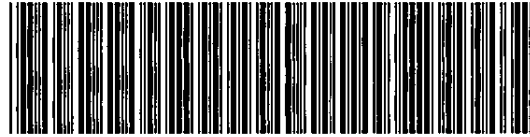
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/09/15--01011--011 **125.00

15 NOV -9 AM 10:46

NOV 14 2015

T. SCOTT

November 5, 2015

Charles Freeman
3433 Lithia Pinecrest Road
Ste#206
Valrico, FL. 33596
Blackpowder1@msn.com
813-363-1885

Dear Registration Section:

Enclosed you will find the check for the amount of \$125.00. My email and a daytime phone number is also listed. If there are any questions or concerns please notify me without hesitation..

Sincerely,

A handwritten signature in cursive script that reads "Charles Freeman". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CH & JR Freeman Enterprises LLC

(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 office of the Limited Liability Company is:

Principal Office Address:

CH & JR Enterprises LLC

3433 Lithia Pinecrest Road

Ste# 206

Valrico, FL. 33596

Mailing Address:

CH & JR Enterprises LLC

3433 Lithia Pinecrest Road

Ste# 206

Valrico, FL. 33596

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Charles Freeman

Name

3433 Lithia Pinecrest Road Ste. #206

Florida street address (P.O. Box **NOT** acceptable)

Valrico

FL

33596

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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..

Charles Freeman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

C. H. Freeman

3433 Lithia Pinecrest Road Ste# 206

Valrico, FL, 33596

J.R. Freeman

3433 Lithia Pinecrest Road Ste#206

Valrico, FL, 33596

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Charles Freeman

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Charles Freeman

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)