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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone#)
PICK-UP	WAIT	MAIL
(В	usiness Entity Name	·)
(D	ocument (Mamber) Certificates of	E Catalina
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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S. GILE

COVER LETTER

	Division of Corporations	
CUDIEC	Friedrich Properties, LLC.	
SUBJEC	Name	of Limited Liability Company
The enclo	osed Articles of Organization and fe	e(s) are submitted for filing.
Please ret	turn all correspondence concerning	this matter to the following:
	Dianne Anderson	
	-	Name of Person
		Firm/Company
	1331 Philip St	
		Address
	New Orleans, LA 70130	
•	dianné.work99@gmail.com	City/State and Zip Code
	E-mail address: (to b	e used for future annual report notification)
For further	information concerning this matter	, please call:
	Dianne Anderson	504 418 9074 _at ()
	Name of Person	Area Code Daytime Telephone Number
	is a check for the following amount	
] \$125,001	Filing Fee \$130.00 Filing Fe Certificate of State	
	Mailing Address New Filing Section	Street Address New Filing Section

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Li	ability Company is:			
Friedrich Proper		· · · · · · · · · · · · · · · · · · ·	15 A/C	W 23 PM 12: 30
(Must	end with the words "Limite	d Liability Company	, L.L.C., OF LLC. J	
ARTICLE II - Address: The mailing address and str	eet address of the principal	office of the Limited	TALL AF Liability Company is:	MOSSE, FLORIDA
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
1331 Philip St, 1	New Orleans, LA 70130	133	1 Philip St., New Orleans, LA 7	0130
-			,	
another business entity with	h an activia Elanida nagistuati			
The name and the Florida st	•	d agent are:	<u> </u>	
·	reet address of the registere Jules Anderson	d agent are:		
·	reet address of the registere	d agent are: Name	cceptable)	
·	Jules Anderson 16829 123rd Terrace	d agent are: Name	cceptable) 33478	
·	Jules Anderson 16829 123rd Terrace Florida street address	d agent are: Name E N SS (P.O. Box NOT a	•	

Page 1 of 2

(CONTINUED)

"A	itle: AMBR" = Authorized	Member	Name and Address:
"N	MGR" = Manager IGR		Dianne Anderson
141			1331 Philip St
			New Orleans, LA 70130
A	MBR		Dianne Anderson
			1331 Philip St
			New Orleans, LA 70130
_			The second secon
	······································		
(U	se attachment if neces	ssary)	***************************************
CLE veffect te of f If the cume	V: Effective date, if or ive date is listed, the filling.) e date inserted in this	ther than the date of fill date must be specific block does not meet the the Department of Sta	ing: January 1, 2016 (OPTIONAL) and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be lister's records.
CLE Veffect te of f If the cume	V: Effective date, if or ive date is listed, the filling.) e date inserted in this ent's effective date on	ther than the date of filitidate must be specific block does not meet to the Department of Staff any.	and cannot be more than five business days prior to or 90 days he applicable statutory filing requirements, this date will not be lis
CLE Veffect te of f If the cume	V: Effective date, if or ive date is listed, the filling.) e date inserted in this ent's effective date on VI: Other provisions, i	ther than the date of fill date must be specific block does not meet to the Department of Staff any. URE:	and cannot be more than five business days prior to or 90 days he applicable statutory filing requirements, this date will not be lis

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Dianne Anderson