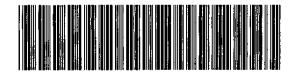
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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- COVER LETTER

то:	Registration Section Division of Corporations
CHD IE	Edward H. Friedrich, LLC
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Edward H. Friedrich
	Name of Person
	Edward H. Friedrich, LLC
	Firm/Company
	764 Sawgrass Bridge road
	Address
	Venice FL 34292
	City/State and Zip Code ed.friedrich@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Ed Friedrich 941 716-2195
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Edward H. Friedric	h, LLC			
(Must end	l with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
CLE II - Address: ailing address and street	address of the principal o	ffice of the Limited L	iability Company is:	
<u>Princi</u>	Principal Office Address:		Mailing Address:	
764 Sawgrass Brid	ge Road		764 Sawgrass Bridge Road	
Venice FL 34292		Venic	e FI 34292	
	y cannot serve as its own	Registered Agent, Y	's Signature: ou must designate an individu	at or
Limited Liability Compar er business entity with an	y cannot serve as its own active Florida registratio	Registered Agent, Y n.)		al or
Limited Liability Compar	y cannot serve as its own active Florida registratio	Registered Agent, Y n.)		alor SECRE
Limited Liability Compar er business entity with an	y cannot serve as its own active Florida registration taddress of the registered	Registered Agent, Y n.)		al TALLAHASS
Limited Liability Compar er business entity with an	y cannot serve as its own active Florida registration taddress of the registered	Registered Agent. Y n.) agent are: Name		SEURLIVET B
Limited Liability Compar er business entity with an	y cannot serve as its own active Florida registration taddress of the registered Judith T. Friedrich	Registered Agent, Y n.) agent are: Name Road	ou must designate an individu	SEURE FAIL AHASSEE F
Limited Liability Compar er business entity with an	y cannot serve as its own active Florida registratio t address of the registered Judith T. Friedrich 764 Sawgrass Bridge	Registered Agent, Y n.) agent are: Name Road	ou must designate an individu	SEURLIVET B

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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Edward H. Friedrich
	764 Sawgrass Bridge road
	Venice FL 34292
effective date is listed, the date must be stee of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or days t meet the applicable statutory filing requirements, this date will be list to of State's records.
cument's effective date on the Departmen	
cument's effective date on the Departmen	SSEE P
cument's effective date on the Departmen	SSEE TO
cument's effective date on the Department CLE VI: Other provisions, if any.	PHINE PLOT
CLE VI: Other provisions, if any. REOUIRED SIGNATURE:	W. Friedrich
CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Llward	H. Friedrich
REQUIRED SIGNATURE: Signature of a I This document is executed any factors and any factors and any factors and any factors and factors are also and factors and factors and factors are also and factors and factors and factors are also and factors are also and factors and factors are also and factors are also and factors are also and factors and factors are also as a factor and factors are also and factors are also as a factor and factor	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a I This document is executed any factors and factors are also and factors and factors and factors are also and factors and factors and factors are also and factors are also and factors and factors are also and factors are also and factors are also and factors and factors are also and factor	M. Trickich member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.

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)