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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
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FLORIDA LIMITED LIABILITY CO. FREDDANA SERVICE LLC

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September 7, 2016

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: FREDDANA SERVICE LLC

REF: W16000061202

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'REEFE Regulatory Specialist II FAX Aud. #: H16000221051 Letter Number: 016A00018824

H16000221051

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The hame of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
FREDDANA SERVICE LIC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
268 NW 7" DT. APIU # 5
Migmi FL 33125
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)
TREADY Andres Pena Rondon
2268 NW 7th ST APT #5
Miami FL 33125
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:
FREDDY AUDRES HENA RONUN
(AMBR)
ANA REBECA HERNANDEZ GUERRAS
(AMBR)
SSE 7 F
· OF 9:

Required Signatures:

Signature of a member of 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.

Typed or printed name of signee

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 Chapten 605, F.S.

Registered Agent's Signature REQUIRED

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