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(City/State/Zip/Phone #)

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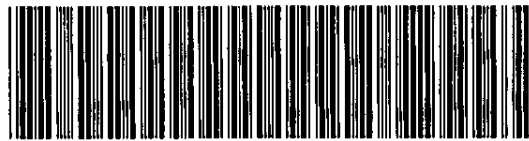
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
16 DEC 19 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 20, 2016

DAWN FREEMAN  
1591 VENICE AVE  
FORT WALTON BEACH, FL 32547

SUBJECT: LONG AND FREEMAN MANAGEMENT, LLC.  
Ref. Number: W16000084718

We have received your document for LONG AND FREEMAN MANAGEMENT, LLC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document that was submitted was incomplete. The document is missing Page 2 of 2 of your submission. Please resubmit the document including the cover sheet for further processing.

*Attached*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 016A00026946

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Long and Freeman Management, LLC.  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dawn Freeman

\_\_\_\_\_  
Name of Person

Long and Freeman Management, LLC.

\_\_\_\_\_  
Firm/Company

1591 Venice Ave

\_\_\_\_\_  
Address

Fort Walton Beach, FL 32547

\_\_\_\_\_  
City/State and Zip Code

dawn.freeman@cox.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Freeman                      850                      499-3160  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing 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)

**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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Long and Freeman Management, 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:**

1591 Venice Ave

Fort Walton Beach, FL 32547

**Mailing Address:**

1591 Venice Ave

Fort Walton Beach, FL 32547

**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:

Dawn M. Freeman

Name

1591 Venice Ave

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

Fort Walton Beach

FL

32547

City

State

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

DAWN FREEMAN

1591 VENICE AVE

Fort Walton Beach, FL 32547

AMBR

Jake Long

5837 Gulf Road

Milton, FL 32583

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2017. (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:**



**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.

Dawn M 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)**