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(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	nte/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	g Officer:	
		:





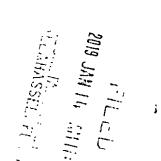
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COVER LETTER

	w Filing Section vision of Corporations
SUBJECT:	Freedom ISLE LLC
SUBJECT:	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Ka wai kwok
-	Name of Person
	777 Brickeil Ave # 500-4774
•	•
•	Address
	Migmi FL 33131
	Migmi FL 33131 City/State and Zip Code Freedomiste.us @ gma. 1. rom
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Gavin 407, 538-9502
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
	ing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)}\$
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:						
Freedon	n Isle	LLC					
(Must contain	n the words "Limite	ed Liability Com	pany, "L.L.C	" or "LLC.")			
ARTICLE II - Address: The mailing address and street add	iress of the principa	l office of the L	mited Liabili	ty Company is:			
<u> Principal</u>	Office Address:			Mailing Addres	<u>ss</u> :		
777 Brickell	Aue		777	Brickell	Ave		
± 500-977	t			- 4774	7)		
Mian. 1 FL	33131		MKM.	, FL 331	21		
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its o tive Florida registra Idress of the registe	wn Registered A ation.) red agent are:	gent. You mi		vidual of 11	11 HAL 8105	
		i wai l	CWO"		-	~ · .	1
		Name			- ا		
		Br. chell	Ave	#500-9774	f	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	Florida street add	ress (P.O. Box I	<u>FOT</u> acceptal	ole)		•	
	Migmi	f <u>i</u>		33(3)			
	City	State		Zip			
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the a visions of all statute	ippointment as re is relating to the	gistered age proper and co	nt and agree to act in Implete performance	this capacity. of my duties, a	1	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
MOR" = Manager	Ka wai Kuok 777 Brickell A.R. 4500-4774 Miami, FL 33151
	A A S S S S S S S S S S S S S S S S S S
(Use attachment if necessary)	
•	o· (OPTIONAL)
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at the of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State	g:
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific as te of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any.	nd cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at the of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any.	nd cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be list's records.
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at the of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in a I am aware that any false inform	nd cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be list's records.
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at te of filing.) If the date inserted in this block does not meet the occurrent's effective date on the Department of State CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree telony.	applicable statutory filing requirements, this date will not be list's records. The records are authorized representative of a member, and authorized representative of a member. The recordance with section 605.0203 (1) (b), Florida Statutes, anation submitted in a document to the Department of State

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)