

L19000113855

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : TAX CARE DORAL
Account Number : I20190000008
Phone : (786)845-8854
Fax Number : (786)845-8857

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

sunbizreg@taxcareinc.com

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
FREE FUND LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY - 3 AM 9:19

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FREE FUND 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:

TOBY JAMES ATKINS
Name of Person
FREE FUND LLC
Firm/Company
1400 NW 107TH AVE SUITE 430
Address
MIAMI, FLORIDA 33172
City/State and Zip Code
SUNBIZREG@TAXCAREINC.COM
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
19 MAY -3 AM 9:19

For further information concerning this matter, please call:

MARCO ALFARO at (786) 585-5185
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:

FREE FUND LLC

(Must contain 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:

1400 NW 107th Ave Suite 430,
Miami, FL 33172

Mailing Address:

1400 NW 107th Ave Suite 430,
Miami, FL 33172

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:

MARCO ALFARO

Name

1400 NW 107th Ave Suite 430,

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

MIAMI

FLORIDA

33172

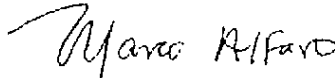
City

State

Zip

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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

AMBR

Name and Address:

TOBY JAMES ATKINS

1400 NW 107th Ave Suite 430,

Miami, FL 33172

19 MAY -3 AM 9:19
SECRETARY OF CORPORATION
DIVISION OF REVENUE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

The purpose for which this company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the laws of the state of Florida

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.

TOBY JAMES ATKINS

Typed or printed name of signer

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)