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Freeson Investment	s, LLC		
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2020 HAY 28 AH ID: 34

SECRETARY OF STATE TALLAHASSEE, FL

Freeson	Investments,	LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

<u>Princip</u>	al Office Address:		Mailing Address:	
6560 W Rogers Circ	6560 W Rogers Circle, #15 Boca Raton, FL 33487		6560 W Rogers Circle, #15	
Boca Raton, FL 334			Raton, FL 33487	
other business entity with an	active Florida registratio	n Registered Agent. \on.)	t's Signature: 'ou must designate an individ	
other business entity with an	active Florida registratio	n Registered Agent. \ on.) d agent are:		
The Limited Liability Company nother business entity with an another business entity with an another hame and the Florida street	active Florida registration address of the registered Bryn Law Group	n Registered Agent. \ on.) d agent are: Name		
nother business entity with an	active Florida registration address of the registered	Name Name 2600	Ou must designate an individ	
oother business entity with an	active Florida registration address of the registered Bryn Law Group 2 South Biscayne Bl	Name Name 2600	Ou must designate an individ	

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..

Mark Bryn
Registered Agent's Sygnature (REQUIRED)

(CONTINUED)

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	**	•		v	•	_		• -	-

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

Title:	Name and Address:
"AMBR" = Authorized	l Member
"MGR" = Manager	
MGR	Hank Freeman
	6560 W Rogers Circle, #15 Boca Raton, FL 33487
	Boca Raton, FL 3348/
MCD	
MGR	Jordan Levinson 6560 W Rogers Circle, #15
	Boca Raton, FL 33487
	Boca Raton, FL 33487
	AZ 72
	
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	[1]
date of filing.) te: If the date inserted in thi	e date must be specific and cannot be more than five business days prior to or 90 days after a block does not meet the applicable statutory filing requirements, this date will not be listed in the Department of State's records.
	
REOUIRED SIGNAT	rure:
	Jordan Levinson
	
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This de Lam a	Signature of a member or an authorized representative of a member. ocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State utes a third degree felony as provided for in s.817.155, F.S.
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This de Lam a	ocument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State utes a third degree felony as provided for in s.817.155, F.S. Jordan Levinson

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)