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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 813565 8134964 AUTHORIZATION : COST LIMIT : ORDER DATE : May 14, 2021 ORDER TIME : 10:31 AM ORDER NO. : 813565-005 CUSTOMER NO: 8134964 DOMESTIC FILING NAME: FREEDOM IS LEGAL FESTIVAL LLC EFFECTIVE DATE: ____ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Se Division of Co				
eun ir		M IS LEGAL FESTIVAL I	LLC		
SUBJE	.CI:	Name of Lir	nited Liability C	ompany	
The end	closed Articles o	f Organization and fee(s) ar	e submitted for f	iling.	
Please	return all corresp	ondence concerning this ma	atter to the follow	ving:	
	ROY T. MI	LDNER			
	-		Name of Pers	no	
	MILDNER	& ASSOCIATES, P.A.			
		-	Firm/Compar	ny	
	423 DELAV	VARE AVENUE			r
			Address		
	FT. PIERCE	E, FL 34950			-
	PMII DNED	C @FLORIDALEGAL.COM	ity/State and Zip	Code	
*		E-mail address: (to be used		l report notificat	ion)
For furth	er information co	oncerning this matter, please	call:		
	ROY T. MIL	DNER 77		4-8008	
	Nan			aytime Telephon	e Number
Enclose	ed is a check for t	he following amount:			
■\$ 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 l Certified Co (additional cop		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	New F Divisi P.O. B	ng Address liling Section on of Corporations Box 6327 assee, FL 32314	New The (2415	et Address Filing Section Di Centre of Tallaha N. Monroe Stre hassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FREEDO	MIS LEGAL FESTIVAL LLC			
	Must contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
LE II - Addr	255:			
ling address a	nd street address of the principal o	ffice of the Limited	Liability Company is:	
	Principal Office Address:		Mailing Address:	
7349 MAF	SH TERRACE	7349	7349 MARSH TERRACE	
LE III - Reginited Liability	stered Agent, Registered Office, Company cannot serve as its own y with an active Florida registration	& Registered Agent. Registered Agent. on.)	nt's Signature: You must designate an individu	
LE III - Reginited Liability	stered Agent, Registered Office, Company cannot serve as its own y with an active Florida registration rida street address of the registered	& Registered Agent. Registered Agent. on.)	nt's Signature:	
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LE III - Reginited Liability	stered Agent, Registered Office, Company cannot serve as its own y with an active Florida registrationida street address of the registered ROY T. MILDNER 423 DELAWARE A	& Registered Agent. on.) I agent are: Name	nt's Signature: You must designate an individu	

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: Name and Address: "AMBR" = Authorized Member *MGR* = Manager MGR PASOUALE LAMARRA 7349 MARSH TERRACE PORT ST. LUCIE, FL 34986 (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. **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. PASOUALE LAMARRA 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)