

L21000284389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

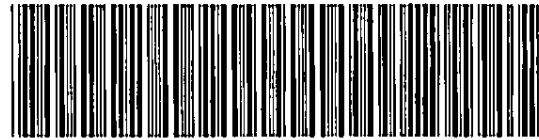
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

JUN 18 2021

T. SCOTT



900367655699

06/11/21--01027--010 \*\*125.00

FILED  
2021 JUN 11 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** FREEZER BURN ASSETS 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:

RONALD C. FREEZE

Name of Person

Firm/Company

5302 FERRARI AVENUE

Address

AVE MARIA, FL 34142

City/State and Zip Code

rfreeze2222@hotmail.com

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

For further information concerning this matter, please call:

<u>Maria Bryant</u>	<u>225</u>	<u>2094700</u>
Name of Person	at (Area Code)	Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FREEZER BURN ASSETS 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:

5302 Ferrari Ave

Ave Maria FL 34142

Mailing Address:

5302 Ferrari Ave

Ave Maria FL 34142

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:

Ronald C. Freeze

Name

5302 Ferrari Ave

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

Ave Maria

FL

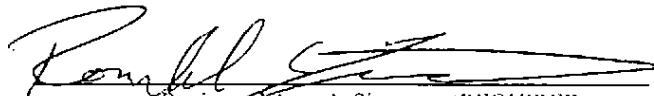
34142

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)

FILED  
2021 JUN 11 PM 1:24  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-** Part one - continued on next page

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:**

MGR

Ronald C. Freeze  
5302 Ferrari Ave  
Ave Maria FL 34142

MGR

Ann Freeze  
5302 Ferrari Ave  
Ave Maria FL 34142

MBR

Elizabeth Larson  
2247 E. West Hart Road  
Beloit, WI 53511

MBR

Anthony Freeze  
1900 N. Oakland Road  
Milwaukee WI 53202

(Use attachment if necessary) --> Please see attachment for additional members

**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.

Operating agreement governs.

**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.

Ronald C. Freeze as Managing Member

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)**

**ARTICLE IV- Continued:**

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:**

<u>MBR</u>	<u>Nicholas Freeze</u> <u>1900 N. Oakland Ave</u> <u>Milwaukee WI 53202</u>
<u>MBR</u>	<u>Samantha Freeze</u> <u>5302 Ferrari Ave</u> <u>Ave Maria FL 34142</u>
<u>MBR</u>	<u>Jacqueline Freeze</u> <u>5302 Ferrari Ave</u> <u>Ave Maria FL 34142</u>
<u>MBR</u>	<u>Benjamin Freeze</u> <u>5302 Ferrari Ave</u> <u>Ave Maria FL 34142</u>
<u>MBR</u>	<u>Patrick Freeze</u> <u>5302 Ferrari Ave</u> <u>Ave Maria FL 34142</u>
<u>MBR</u>	<u>Rebecca Freeze</u> <u>5302 Ferrari Ave</u> <u>Ave Maria FL 34142</u>