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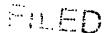
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2021 JUN 17 PH - 8 57

SECRETARY OF STATE TALLAHI/SSEE, FL 2021 JUN 17 PH 2: 55

COVER LETTER

TO:	New Filing Sec Division of Cor			
SUBJE	ст: <u>Free</u> л	Name of Lim	cm leterd lear	hs LLC
The end	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please r	return all correspo	ondence concerning this mat	ter to the following:	
		Christ	pher Freer Name of Person	na
			Firm/Company	
	570	Oahlands	PlantetionK) d
	Mont	cello, Fl.	32344 ty/State and Zip Code	200
For furth		ncerning this matter, please		
	Nam		ea Code Daytime Telephone	
Enclose	ed is a check for t	he following amount:		
Ģ \$125	5.00 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)
	New F Divisio P.O. B	iling Section on of Corporations ox 6327 assee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230.	issee et, Suite 810



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 JUN 17 PM 2: 55

Α	R	T]	C	L	E.	[.	- N	a	me	:
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The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
570 Oaklanda Plantation Rd.	570 Onklands Plantation Rd. Montreello, Fl. 32344

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:

	· me registered age		\	
\bigcup_{h}	ris to pher	~ 5h	awn Freeman	
	Na	ime		
57	o Ochla	chas	Plantation Rd Tacceptable)	
Florid	a street address (P.	O. Box <u>NO</u>	T acceptable)	
	inticello	F/·	32344	
	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..

C- Freeman Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager AMB	Christopher 5. Freeman				
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	LI AND THE RESERVE TO THE PARTY OF THE PARTY				
	HASSEE FI				
	FL FL				
(Use attachment if necessary)					
the date of filing.)	ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as state's records.				
ARTICLE VI: Other provisions, if any.					
REOUIRED SIGNATURE: Signature of a memb This document is executed	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.				
l am aware that any false inf constitutes a third degree fel	formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. The Shawh Freeman Syped 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)