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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2021

LORA PONDS 11824 SAND DUNE DR PANAMA CITY BEACH, FL 32407

SUBJECT: FFE, LLC

Ref. Number: W21000074962

We have received your document for FFE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

J31518-F.F.E. INC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 921A00016670





August 5, 2021

LORA PONDS 11824 SAND DUNE DR PANAMA CITY BEACH, FL 32407

SUBJECT: FAMILY FREEDOM ENDEAVORS LLC

Ref. Number: W21000074962

We have received your document for FAMILY FREEDOM ENDEAVORS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

N21000005996-THE FAMILY FREEDOM ENDEAVOR INC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 521A00018472

COVER LETTER

Division of Corporations
SUBJECT: _ Endeavors of Freedom, LLC
The enclosed Articles of Organization and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following.
Name of Person
Brideavors of Freedom-LEC
1/824 Sand Dune DR
City State and Zip Code Ong. Ponds Connection (Communication) E-mail address: (to be used for future samual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$155.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE I - Name: The name of the Limited Liability Commany is: Endeauors-of. Fre	redom, LC
ARTICLE II - Address: The mailing address and street address of the principal office of the L	
Principal Office Address:	Mailing Address:
11824 Jana Done DR	Same!

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:

Name

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

City St

State

7.ir

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)

2021 AUG 23 PH. ID: 33

Title:	Authorized Member	Name and Address:		
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-