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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Lawrence E. Crary III, Esquire
Account Name : CRARY, BUCHANAN, BONDISH, ET AL
Account Number : 076424001425
Phone : (772)233-4602
Fax Number : (772)223-4378

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lec@crarybuchanan.com

FLORIDA LIMITED LIABILITY CO.
FRIENDLY FRAMERS, LLC

Certificate of Status	0
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REGISTRAR OF CORPORATIONS
COMMERCIAL SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 24 PM 12:58

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FRIENDLY FRAMERS, 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:2601 SE OCEAN BLVD.
STUART, FLORIDA 34996**Mailing Address:**2601 SE OCEAN BLVD.
STUART, FLORIDA 34996**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:

LAWRENCE E. CRARY III, ESQUIRE

Name

759 SW FEDERAL HIGHWAY, SUITE 06Florida street address (P.O. Box **NOT** acceptable)STUART

City

FLORIDA

State

34994

Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Lawrence E. Crary III, Esq.

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MANAGERDUNCAN L. HURD
2601 SE OCEAN BLVD.
STUART, FLORIDA 34996MANAGERPAMELA R. HURD
2601 SE OCEAN BLVD.
STUART, FLORIDA 34996

(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:*Duncan L. Hurd***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.Duncan L. Hurd

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)

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CONSENT TO USE OF SIMILAR CORPORATE NAME

FRIENDLY FRAMERS, INC., a dissolved Florida corporation bearing Document Number P99000005423, which was dissolved on September 24, 2021, hereby consents to the use of FRIENDLY FRAMERS, LLC as the name of a filing entity in the State of Florida for the purpose of submitting a filing instrument to the Secretary of State for the formation of a Florida limited liability company.

The undersigned hereby certifies to being authorized by the holder of the existing name, i.e., FRIENDLY FRAMERS, INC., to give this consent. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

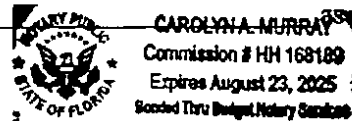
Date: June 17, 2022

FRIENDLY FRAMERS, INC.

By: Barbara Hedgepeth
Barbara Hedgepeth
Its: Vice President

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 17 day of June, 2022 by Barbara Hedgepeth, as Vice President of FRIENDLY FRAMERS, INC., a dissolved Florida corporation, on behalf of the corporation. She is personally known to me or has produced _____ as identification.



(SEAL)

Notary Public, State of Florida

Carolyn A. Murray

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