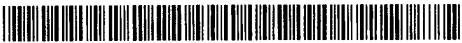
p.2

Division of Corporations Electronic Filing Cover Sheet

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(((H22000386209 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address:\_\_\_\_FINANCIALLYFREENATION@GMAIL.COM

## FLORIDA LIMITED LIABILITY CO.

## Financially Free Nation LLC

-	
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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H22000386209

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fin	ancially Free Natio	n LLC	
	the words "Limited Liabil		or "LLC.")
ARTICLE II - Address: The mailing address and street addres	ss of the principal office o	f the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Ad	dress:	
7175 SW 27th Place, Apt 6′ Davie, FL 33314	11 71 <u>De</u>	75 SW 27th Place, ivie, FL 33314	Apt 611
ARTICLE III - Registered Agent, and (The Limited Liability Company can another business entity with an activity	not serve as its own Regist		
The name and the Florida street address	ess of the registered agent	are:	
Carlos Pic	chardo		
	Name		
7175 SW	27th Place, Apt 611		
	et address (P.O. Box <u>NOT</u>		
Davie	F	<sub>L</sub> 33314	
	City	Zip	
Having been named as registered ag the place designated in this certificapacity. I further agree to comply of my duties, and I am familiar with	cate, I hereby accept the a with the provisions of all s	oppointment as registered tatutes relating to the prons of my position as regist, F.S	agent and agree to act in this per and complete performance tered agent as provided for in
	Page 1 of 2		PHI2: 35

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ARTICLE IV-

H22000386209

Title:	Name and Address:	
'AMBR" = Authorized Member 'MGR" = Manager		
AMBR	Carlos Pichardo	
	7175 SW 27th Place, Apt 611	
	Davie, FL 33314	
AMBR	Jessica Cambridge	
	7175 SW 27th Place, Apt 611	
	Davie, Ft. 33314	
		· <u></u>
(Use attachment if necessary)		
ctive date is listed, the date must be filling.)	date of filing: (OPT be specific and cannot be more than five business days	i prior to or 90
ective date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	Docusingsed by:	s prior to or 90
ective date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	Docusioned by:  (arlos fichardo  82015 SASMAGEA	s prior to or 90
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