

# L23000347725

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: 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: FREEDOMWON1775@GMAIL.COM

23 JUL 21 AM 11:46  
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SECRETARY OF STATE  
TALLAHASSEE, FL

### FLORIDA LIMITED LIABILITY CO. Freedom Won 1775 LLC

RECEIVED  
2023 JUL 21 PM 3:21  
CORPORATIONS  
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DIVISION

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**Freedom Won 1775 LLC**

(Must end with 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

Principal Office Address:

Mailing Address:

2713 NW 5th Street  
Cape Coral, FL 33993

2713 NW 5th Street  
Cape Coral, FL 33993

23 JUL 21 AM 10:14  
FILED

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:

Scott Levesque  
Name

2713 NW 5th Street  
Florida street address (P.O. Box NOT acceptable)

Cape Coral                      FL 33993  
City                                      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

Registered Agent's Signature (REQUIRED)

Scott Levesque

(CONTINUED)

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**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Scott Levesque

2713 NW 5th Street

Cape Coral, FL 33993

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


(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.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
SCOTT LEVESQUE 11 21 2023 14:35:59Z

**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Scott Levesque  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
23 JUL 21 9AM 10:41  
STATE OF FLORIDA  
TALLAHASSEE