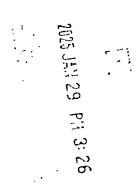


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COVER LETTER

	Sew Filing Sec Division of Co					
SUBJECT		4 INDEPENDEN	ΓLIVING, LLC	• ·		
SUBJECT	·	Nai	ne of Limited L	iability Company		
The enclose	sed Articles of	Organization and	fec(s) are subm	itted for filing.		
Please reti	arn all correspo	indence concernir	g this matter to	the following:		
	RUTHENIA	MOSES				
			Nan	ne of Person		
	MOSES BU	SINESS SERVIC	ES			
			Fire	n/Company		
	P.O.BOX 12	:0091				
	-			Address		
	CLERMON	T. FLORIDA 347	12			
	rutheniamose	s@yahoo.com	City Sta	te and Zip Code		1025 3 11 29
		E-mail address: (to	be used for fut	ure annual report notifica	ation)	1.2
For further	information co	ncerning this matt	er, please call;			ب ص
	Ruthenia Mo	ses	352 at (408-8273		<u>ن</u> بي
	Nam	e of Person	Area Co	de Daytime Telepho	one Number	20
Enclosed i	is a check for t	he following amor	mt:			
∐\$125.00	0 Filing Fee	∐\$130,00 Filin Certificate of \$	tatus Co	l\$155,00 Filing Fee & ertified Copy itional copy is enclosed)	■\$160.00 F Certificate of Certified Co (additional cop	of Status & py
	New F	ng Address Tling Section		Street Address New Filing Section The Centre of Talla		
	P.O. B	on of Corporation lox 6327 assee, FL 32314	•	2415 N. Monroe St Tallahassee, FL 32.	reet, Suite 810	

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FREEDOM INDEPENDENT LIVING, LLC.	
(Must contain the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")
II - Address: address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address
address and street address of the principal office	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Name

1021 EMBRUN COURT

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

KISSIMMEE FL. 34759

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized	Name and Address:	
"MGR" = Manager	Member	
"MGR"	LUCIE AUGUSTE	
MOK	1021 EMBRUN COURT	
	KISSIMMEE, FL. 34759	<u> </u>
•		
-		
 (Use attachment if neces 	ssary)	
TE VI: Other provisions, i	the Department of State's records.	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FREEDOM INDEPENDENT LIVING, LLC.	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC,")
RTICLE II - Address:	
RTICLE II - Address: the mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
he mailing address and street address of the principal office	

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:

LUCIE AUGUSTE		
	Name	
1021 EMBRUN CO	URT	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	reeptable)
KISSIMMEE	FL.	34759
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2025 JULI 29 FR 3: 26

ARTICLE IV-

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

"AMBR" = Authorized :	Momber :
"34/ 12" — \$30mm	Sicilioti
"MGR" = Manager	
<u>"MGR"</u>	LUCIE AUGUSTE
	1021 EMBRUN COURT KISSIMMEE, FL. 34759
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