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W12000055779



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### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: FREEMAN & ASSOCIATES, INC.  Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
ANDY N. FREEMAN  Name of Person	
FREEMAN S ASSOCIATES, INC. Firm/Company	
1454 54th STREET Address	
Address	
Coumbus, GA 31904  City/State and Zip code  Afreeman Offeemantcam, com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
City/State and Zip code	
atreeman Ofreemanteam, com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ANDY FREEMAN at (106) 324-4227  Name of Person Area Code & Daytime Telephone Number	SECRET
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2012

ANDY N. FREEMAN 1454 54TH STREET COLUMBUS, GA 31904

SUBJECT: FREEMAN & ASSOCIATES CONSTRUCTION CO. OF FLORIDA,

INC.

Ref. Number: W12000055779

We have received your document for FREEMAN & ASSOCIATES CONSTRUCTION CO. OF FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 312A00027953

THE SECRETARY OF STRIFE CORPORATIONS

www.sunbiz.org

D O D O V 400 F F 11 1 F1 11 000



November 1, 2012

ANDY N. FREEMAN 1454 54TH STREET COLUMBUS, GA 31904

SUBJECT: FREEMAN & ASSOCIATES, INC.

Ref. Number: W12000055779

We have received your document for FREEMAN & ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

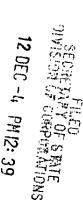
Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 612A00026709



## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. FREEMAN S ASSOCIATES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") FREEMAN 3 ASSOCIATES CONSTRUCTION CO. OF FLORINA TNC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ANAMA CITY BEACH, Florida 32408 Office Address: 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	SECIAL TAR	LEU Y OF GRATE JORPURATIONS
A. DIRECTORS	DIVISION OF C	ORPURATIONS
Chairman: ANDY N. FREEMAN	12 DEC -4	PM 12: 39
Address: 3232 ETHEL AVENUE		
COLLINGUS GA 31906		
Vice Chairman: THEDDORE N. FREEMAN	···	
Address: 100 SPRING HARBOR OR #568		
commons GA 31904		
Director:		
Address:		
Director:		
Address:		
		<del></del>
B. OFFICERS		
President: ANDY N, FREEMAN		
Address: 3232 ETHEL AVENUE		<del></del>
COULNISHS GA 31906	<u>.</u>	
Vice President: THEODOPE N. FREEMAN		
Address: 100 SPRING HARBOR OR #568		<u> </u>
COLUMBUS, GA 31904	,	
Secretary: CAROL FREEMAN		•••
Address: 8012 DEERWOOD CT, WATOL, GA 318	329	
Treasurer:		
Address:	· .	
NOTE: If necessary, you may attach an andendum to the application listing additional	officers and/or di	rectors.
13. Muly Tells		
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) aff are true and that he or she is aware that false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.	irms that the facts Department of S	stated herein tate constitutes a
14. ANDY N. FREEMAN  (Typed or printed name and capacity of person signing applicate	ion)	
/ (Typed or printed name and capacity of person signing applicat	ion)	

# STATE OF GEORGIA

## Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

## FREEMAN & ASSOCIATES, INC.

### **Domestic Profit Corporation**

was formed or was authorized to transact business on 08/27/1979 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 29th day of October, 2012

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 9393294-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp

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