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DIVIDION OF JORFORATIONS
TAIT AHASSEE, FLORIDA

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TRANSMITTAL LETTER TO: Registration Section Division of Corporations SUBJECT: Freedom Asset Management Inc. (Name of corporation - must include suffix)
Division of Corporations
SUBJECT: Freedom Asset Management Inc (Name of corporation - must include suffix)
(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", 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:
William P. Mack.
William P. Mack (Name of Person)
Freedom asset Management Inc (Firm/Company)
(Firm/Company)
17500 Blando Street (Address)
(Address)
Omana NE 68116 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Becky Keholm at (800) 723-5553 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee \$\frac{1}{\sqrt{5}}\$\$ \$78.75 Filing Fee \$\frac{1}{\sqrt{5}}\$\$ \$78.75 Filing Fee \$\frac{1}{\sqrt{5}}\$\$ \$27.50 Filing Fee, Certificate of Status \$\frac{1}{\sqrt{6}}\$\$ Certificate of Status \$\frac{1}{\sqrt{6}}\$\$

Certified Copy

under the law of which it is incorporated.

APPLICA	DISINES IN ELONGATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT	
	BUSINESS IN FLORIDA	\wedge
IN COMPLIANC REGISTER A FO	BUSINESS IN FLORIDA WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. THE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. THE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. THE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. THE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. THE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. THE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PREIGN CORPORATION TO PREIGN C	
1. Freedo	in Asset Management Inc Mario	14
(Name of corpor words or abbrev natural person o	ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or relations of like import in language as will clearly indicate that it is a corporation instead of a r partnership if not so contained in the name at present.)	200 PM
2. Neb	raska 3. 47-075/333 under the law of which it is incorporated) (FEI number, if applicable)	NOARS.
A		
4. <u>Hpn</u>	of incorporation) 5. Derpetual (Duration: Year corp. will cease to exist or "perpetual")	
6. Upon	Qualification	
•	cted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 175	OO Blondo Street, Omaka, Ne. 68116 (Principal office address) Same as above (Current mailing address)	
	(Principal office address)	
	same as above	
	(Current mailing address)	
	struent Advisory Services s) of corporation authorized in home state or country to be carried out in state of Florida)	÷
` ' '		
9. Name and str	eet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name:	NRAI Services, Inc.	
Office Address:	526 E. Park Ave.	
	Tallahassee, ,Florida 32301	
	(City) (Zip code)	
Having been nan designated in this further agree to d	igent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the place is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my familiar with and accept the obligations of my position as registered agent. (Registered agent's signalure) Juanita Mahoney, Asst Sec.	
-	(Registered agent's signature) (Report Mahanay Agent Con	
11. Attached is a the Department o	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to f State, by the Secretary of State or other official having custody of corporate records in the jurisdiction	

12. Names and business addresses of officers and/or directors:

A. DIRE	Litation P March
Address:	17500 Blondo St, Omany Ne 48116
Adaress; _	77000 270100 01
- Vice Chair	man:
Address: _	THE ST
_	7 6 6
Director: _	Gabriel Pierce
Address: _	Gabriel Pierce 17500 Blondo St. Omaha, NE 68116
Director:	
Address: _	
Address: _	William P. Mack. 17500 Blondo St., Omaha, Ne 68116
	lent:
Address: _	
- Secretary:	William P. Mack
	17500 Blondo St. Omara ne 68116
Treasurer:	William P. Mack
Address: _	17500 Blondo St. Omaha, Ne 68116
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
~~· <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	William P. MACK, President
	(Typed or printed name and capacity of person signing application)

STATE OF



NEBRASKA

United States of America, State of Nebraska

Department of State Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

FREEDOM ASSET MANAGEMENT, INC.

Mary Rain 25 was duly incorporated under the laws of this state on April 16, 1991 and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

two.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on October 11, in the year of our Lord, two thousand

SECRETARY OF STATE