+05000007004

| _ | | |
|-------------------------|---------------------|-------------|
| (R | equestor's Name) | |
| | | |
| (A: | ddress) | |
| | | |
| (Ar | ddress) | |
| · | | • |
| | ity/State/Zip/Phone | e #\ |
| (| | , |
| PICK-UP | MAIT | MAIL |
| | | |
| (8) | usiness Entity Nar | me) |
| | | |
| (D | ocument Number) | |
| · | · | |
| Certified Coples | Certificate | e of Statue |
| Cerunea Copies | Celulicates | o o otatus |
| | | |
| Special Instructions to | Filing Officer: | |
| | | } |
| ti. | | |
| | | |
| | | |
| | | \$ |
| | | |
| | | 1 |
| | | |

Office Use Only



300061670163

11/28/05--01062--019 **87.50

2005 NOV 28 PM 1: 01

1 30 DEC 5 2005

COVER LETTER

| | COVE | A LEXILER | # S |
|---|---|--|--|
| TO: | Registration Section Division of Corporations | | SSEE FL |
| SUBJ | ECT: FREEDMAN F | oration - must include suffix) | SOCIATES, INC. |
| Dear S | ir or Madam: | · | |
| "Certif | closed "Application by Foreign Corporation icate of Existence," and check are submitted to business in Florida. | | |
| Please | return all correspondence concerning this n | natter to the following: | |
| , | BARRY M. FREED (Name | man me of Person) | |
| | Freedman Fina | ncial Associa | Tes, Inc. |
| | 8541 FAIRWAY | Bend Drive | <u>م</u> |
| 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | FT. Mers F | Address) | |
| | (City/S | State and Zip code) | |
| For fur | ther information concerning this matter, ple | ease call: | |
| BA | (Name of Person) at (2) | 39 1 43 7-96 4' Area Code & Daytime Teleph | one Number) |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | Section orporations 7 |
| Enclose | ed is a check for the following amount: | | _ |
| ☐ \$70. | .00 Filing Fee \$\sum \text{S78.75 Filing Fee & Certificate of Status} | S78,75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |

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. |
|--|
| REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. FREEDMAN FINANCIAL ASSOCIATES InC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida? |
| 2. MASSACHUSETTS 3. 04-3016302 (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. O6 23 1988 5. (Duration: Year corp. will cease to exist or "perpetual") |
| 6. OCI 2005 |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| 7. 8541 FAIRWAY BEND DRIVE FT. MYERS FL 33912 (Principal office address) |
| SAME AS Above (Current mailing address) |
| (Current mailing address) |
| 8. Purpose(s) of corporation authorized in home state or dountry to be carried out in state of Florida) |
| 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) |
| |
| Name: BARRY M. FREEDMAN Office Address: 8541 FAIRWAY BEND DRIVE |
| FT. myers , Florida 33912 (Zip code) |
| 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 posttion 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:

| | BARRY M. FREEDMAN |
|---|--|
| Address: | 8541 FAIRWAY Beno DRIVE |
| | FT. myers FL 33915 |
| | an: |
| | 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | S.C. |
| | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | MARC S. FREEDMAN |
| Address: | MORTH ANDOVER MA 01845 |
| Address: | 119 KARA DRIVE NORTH ANDOVER MA 01845 |
| Address: Vice Presiden Address: | MORTH ANDOVER MA 01845 |
| Address: Vice President Address: Secretary: | 119 KARA DRIVE NORTH ANDOVER MA 01845 |
| Address: Vice President Address: Secretary: | 119 KARA DRIVE NORTH ANDOVER MA 01845 |
| Address: Vice President Address: Secretary: Address: | 119 KARA DRIVE NORTH ANDOVER MA 01845 |
| Address: Vice Presiden Address: | 119 KARA DRIVE NORTH ANDOVER MA 01845 |
| Address: Vice President Address: Secretary: Address: Freasurer: Address: | 119 KARA DRIVE NORTH ANDOVER MA 01845 |



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

William Francis Galvin
Secretary of the
Commonwealth
TO WHOM IT MAY CONCERN:

November 18, 2005

I hereby certify that

FREEDMAN FINANCIAL ASSOCIATES, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on June 23, 1988.

I also certify that so far as appears of record here, said corporation still has legal existence.

FILED
2005 NOY 28 PM 1: 01
2005 NOY 28 PM 1: 01
2005 NOY 28 PM 1: 01



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth