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COVER LETTER

TO: Registration Section Division of Corporations	- ÷				
SUBJECT: Sweet Freedom Enterprises, Inc.					
(Name of corporation - must include suffix)					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," and check are submitted to regis transact business in Florida.					
Please return all correspondence concerning this matter to t	he following:				
Shari Kolar					
(Name of Person)					
Profit Publishing Group					
(Firm/Compa	ny)				
1509 Green Mountain Drive					
(Address)					
Little Rock, AR 72211					
(City/State and	Zip code)				
For further information concerning this matter, please call:					
Shari Kolar at (501)	227-8233				
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301					
	3.75 Filing Fee &				

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.

OWERLLIER		
	orporation; must include "INCORPORAT: orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
1110., 00., 0	orp, me, co, or corp.	
(If name unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
Arkansas		3 20-3636034
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
October 10	, 2005	5 perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	,	ss in Florida, if prior to registration)
	(SEE SECTIONS 007.1301 & 00	7.1502, F.S., to determine penalty liability)
101EG Lak	a Mista Cirola	
10456 Lak	e Vista Circle	addraca)
	(Principal office	address)
	(Principal office on, FL 33498	
<u> </u>	(Principal office	
Boca Rato	(Principal office on, FL 33498 (Current mailing	
Boca Rate	(Principal office on, FL 33498 (Current mailing	
Any lawfu	(Principal office on, FL 33498 (Current mailing	address) A S S S C Country to be carried out in state of Florida)
Any lawfu (Purpose(s	(Principal office on, FL 33498 (Current mailing purpose)) of corporation authorized in home state of t address of Florida registered agent: (address) TALL STATE Or country to be carried out in state of Florida) P.O. Box NOT acceptable)
Any lawfu	(Principal office on, FL 33498 (Current mailing purpose) of corporation authorized in home state of taddress of Florida registered agent: (Gary Weinberger	address) TALL STATE Or country to be carried out in state of Florida) P.O. Box NOT acceptable)
Boca Rato Any lawfu (Purpose(s	(Principal office on, FL 33498 (Current mailing purpose)) of corporation authorized in home state of t address of Florida registered agent: (address) TALL STATE Or country to be carried out in state of Florida) P.O. Box NOT acceptable)
Boca Rato Any lawfu (Purpose(s	(Principal office on, FL 33498 (Current mailing purpose) of corporation authorized in home state of taddress of Florida registered agent: (Gary Weinberger	address) TALLAL STATE Or country to be carried out in state of Florida) P.O. Box NOT acceptable)

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.

egistered 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:

	ECTORS		
Chairmai	_{n:} Gary Weinberger		
Address:	10456 Lake Vista Circle		
	Boca Raton, FL 33498		
Vice Cha	airman:		
Address:			
			
	Gary Weinberger		
Address:	10456 Lake Vista Circle		
	Boca Raton, FL 33498		
Director:			
Address:		.	
B. OFF	FICERS		
President	: Gary Weinberger		
Address:	10456 Lake Vista Circle		
	Boca Raton, FL 33498	SECRETALLA	
Vice Pres	sident: John Childers Jr	是一	T
	1509 Green Mountain Drive	SSET OF	JE D
	Little Rock, AR 72211	To e	•
Secretary	Gary Weinberger	PART CS	3
-	10456 Lake Vista Circle	→	
Treasure	gary Weinberger		
Address:	404501 1 Nr. (O: 1 D D) El 00400		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/o	r directors.	
13	(Signature of Director or Officer listed in number 12 of the application)		
14	GARY WEINBERGER		
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name and capacity of person signing application)		



Arkansas Secretary of State Charlie Daniels

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

SWEET FREEDOM ENTERPRISES, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office October 10, 2005.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 27th day of October 2005.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: ec5b89d2e60c410
To verify the Authorization Code, visit www.sosweb.state.ar.us