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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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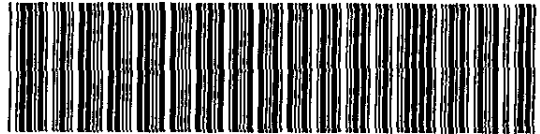
(Business Entity Name)

(Document Number)

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06 FEB - 1 AM 8:19
SECRETARY OF STATE
DIVISION OF RECORDS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FREEDOM ASSEMBLY INCORPORATED
(Name of Corporation - must include suffix)

SECRETARY
DIVISION
06 FEB -1 AM 8:20

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ELBERT T CHESTER

(Name of Person)

ELBERT T CHESTER, CPA PLLC

(Firm/Company)

148-45 HILLSIDE AVE STE 200

(Address)

BRIARWOOD NEW YORK 11435

(City/State and Zip Code)

For further information concerning this matter, please call:

ELBERT T CHESTER

(Name of Person)

at (718) 291-2722

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. **FREEDOM ASSEMBLY INCORPORATED**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **LOUISIANA**

(State or country under the law of which it is incorporated)

3. **72-1176906**

(FEL number, if applicable)

4. **OCTOBER 9, 1990**

(Date of Incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **NOT YET**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **5166 MADISON LAKES CIRCLE WEST DAVIE FL 33328**

(Principal office address)

5166 MADISON LAKES CIRCLE WEST DAVIE FL 33328

(Current mailing address)

8. **RELIGIOUS SERVICES**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **IGOR ASHKANAZI**

Office Address: **5166 MADISON LAKES**

DAVIE

(City)

, Florida **33328**

(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 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.

SECRET
DIVISION
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12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: IGOR ASHKANAZI

Address: 5166 MADISON LAKES CIRCLE WEST DAVIE FL 33328

Vice Chairman: _____

Address: _____

Director: TERESA ASHKANAZI

Address: 5166 MADISON LAKES CIRCLE WEST DAVIE FL 33328

Director: _____

Address: _____

B. OFFICERS

President: IGOR ASHKANAZI

Address: 5166 MADISON LAKES CIRCLE WEST DAVIE FL 33328

Vice President: _____

Address: _____

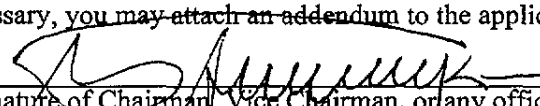
Secretary: TERESA ASHKANAZI

Address: 5166 MADISON LAKES CIRCLE WEST DAVIE FL 33328

Treasurer: TERESA ASHKANAZI

Address: 5166 MADISON LAKES CIRCLE WEST DAVIE FL 33328

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. IGOR ASHKANAZI, PRESIDENT

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

State of Louisiana

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SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
FREEDOM ASSEMBLY, INCORPORATED

A corporation domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on
October 09, 1990,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State as a Non-Profit Corporation.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,
August 5, 2005*

RRO 34365331N

Secretary of State

06 FEB -1 AM 8:20

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS