## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

: (850)878-5368 Fax Number

\*\*Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.\*\*

Email Address:

# FOREIGN PROFIT/NONPROFIT CORPORATION FREEDOM LOAN SERVICES CORPORATION

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$70.00 |

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Corporate Filing Menu

Help

### **COVER LETTER**

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: Freedom Loan Services Corporation   |
| 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:  |
|  |
| Flyho Delgado  |
| Name of Person   |
| medom lean beruices Corporation  |
| Firm/Company   |
| 301 Harper Drive   |
| Address  |
| Moonestown NJ 08857  |
| City/State and Zip code  |
| DIATRI, del Glads (a) Can domne of Or Ga Con   |
| E-mail address: (to be used for future annual report notification)   |
| ·  |
| For further information concerning this matter, please call:   |
|  |
| at ( : )   |
| Name of Person Area Code & Daytime Telephone Number  |
| 1,0000 01 5 50000  |
|  |
| STREET/COURIER ADDRESS: MAILING ADDRESS:   |
| STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section   |
| Division of Corporations Division of Corporations  |
| Clifton Building P.O. Box 6327   |
| 2661 Executive Center Circle Tallahassee, FL 32314   |
| Tallahassee, FL 32301  |
| Enclosed is a check for the following amount:  |
| C \$70.00 Filing Pea C \$78.75 Filing Pee & C \$78.75 Filing Fee & C \$87.50 Filing Fee,   |
| S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy 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.

| j. Freedom Loan Se                       | avices Corporation rporation; must include "INCORPORATED.                            | W WOODERANG W WOODERD ATTOM W   | -              |             |     |
|--|--|---|----------------|-------------|-----|
|  | rporation; must include "INCORPORATED, irp," "lne," "Co," or "Corp.")                | COMPANT, CORPORATION,   |                |             |     |
|  |  |   |                |             |     |
| (If name unevalla)                       | hle in Florida, enter alternate comporate name                                       | adopted for the purpose of transacting business in Florida)                               | <u> </u>       |             |     |
| •  | ole in 1 foctor, clies internate outporte haute                                      | acopara tor no purpose or mususing sustains in a anima                                    |                |             |     |
| 2. Delaware<br>(State or country u       |  | (FEI number, if applicable)   | -              |             |     |
| 4. 02/24/2014                            |  | Perpetual   |                |             |     |
| **                                       | of incorporation)  | (Duration: Year corp. will cease to exist or "perpetual")                                 | -              |             |     |
| 6. Upon Filing                           |  |   |                |             |     |
|  |  | in Florida, if prior to registration) 1502, F.S., to determine penalty liability)         |                |             |     |
| 7 10500 Kinesid De                       | ivo, Suite 111, Fishers, IN 48037  |   |                |             |     |
| 7,11000 11000000000000000000000000000000 | (Principal office add  | iress)  | _              |             |     |
| 301 Harper Drive                         | , Moorestown, NJ 08057   |   | _              |             |     |
|  | (Current mailing add   | iress)  |                |             |     |
| 8. Any Lawful Pur                        |  |   |                |             |     |
| (Purpose(s)                              | of corporation authorized in home state or c   | ountry to be carried out in state of Plorida)   | -<br>Z.,       |             |     |
| 9. Name and stree                        | t address of Florida registered agent: (P.   | O. Box NOT acceptable)  | OEC            | 7           |     |
| Name:                                    | C T Corporation System   |   |                | APR         |     |
| • (                                      | 1200 South Pine Island Road  | ·   | SS             | 5           |     |
| Office Address:                          | 1200 South Fine Billion Road   | <del></del>   | max<br>max     | PH          | i i |
| ,  | Plantation (City)  | , Florida 33324 (Zip code)  | 75<br>15<br>15 | <u> </u>    | 1.  |
|  | (City)   | (Zip cous)  | 물골             | <del></del> |     |
|  | gent's acceptance:<br>ad as revistered agent and to accept seri                      | vice of process for the above stated corporation at th                                    | T.             | ف           |     |
| designated in this                       | application, I hereby accept the appoint   | tment as registered agent and agree to act in this cap                                    | pacity. I      |             |     |
|  | omply with the provisions of all statutes<br>amiliar with and accept the obligations | relative to the proper and complete performance of<br>of my position as registered agent. | nsy            |             |     |
|  | - •  |   |                |             |     |

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.

(Registered agent's signature)

James M. Halpin
Assistant Secretary

| 12. Names and business addresses of officers and/or directors:  |        |
|---|--------|
| A. DIRECTORS  |        |
| Chairman: See Attached  |        |
| Address:  |        |
| ·   |        |
| Vice Chairman:  | •      |
| Address:  |        |
|   |        |
| Director:   |        |
| Address:  |        |
|   |        |
| Director:   |        |
| Address:  |        |
|   |        |
| B. OFFICERS   |        |
| President: See Attached See Attached  | ٠      |
| Address:  | gva ye |
|   | 11     |
| Vice President:   | 4,     |
| Address:  |        |
|   |        |
| Secretary:  |        |
| Address:  |        |
| Treasurer:  |        |
| Address:  |        |
| NOTE: If necessary, you may attach as addendum to the application listing additional officers and/or directors.   |        |
| Signature of Director or Officer  |        |
| The officer or director signifig this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes |        |
| a third degree follows as proyided for in s.817.155, F.S.   |        |
| 14. Carla C. Will many of any single and leasing  |        |

# Freedom Loan Services Corporation Officers & Directors

Carla Wise, President

10500 Kincaid Drive, Suite 111, Fishers IN 48037

David Sheeler, Secretary/CFO

10500 Kincald Drive, Suite 111, Fishers IN 48037

Stanley Middleman, Director

907 Pleasant Valley Avenue, Suite 3, Mount Laurel NJ 08054

# Delaware

# The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FREEDOM LOAN SERVICES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREEDOM LOAN SERVICES CORPORATION" WAS INCORPORATED ON THE TWENTY-FOURTH\_DAY OF FEBRUARY, A.D. 2014.

DATE: 03-19-14