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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6381

RE-SUBMIT

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5362

Please retain original
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****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
FEEL FREE LIVING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	086
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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August 14, 2014

C T CORPORATION SYSTEM

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SUBJECT: FEEL FREE LIVING, INC.
REF: W14000049825

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000190734
Letter Number: 114A00017480

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P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Feel Free Living, Inc.

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:

Martha Kaufman

Name of Person

Feel Free Living, Inc.

Firm/Company

5158 NE 124th place

Address

Oxford, FL 34484

City/State and Zip code

MLKAUFMAN@G-mail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Kaufman

Name of Person

at (904) 294-8414

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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 Stams & Certified Copy


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**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.**

1. Feel Free Living, 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. Nevada 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/3/2014 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5158 NE 124th Place, Oxford, FL 34484
(Principal office address)
5158 NE 124th Place, Oxford, FL 34484
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)
9. 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.

NRAI Services, Inc.
By: 
(Registered agent's signature)

10. 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.

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Martha Kaufman

Address: 5158 NE 124th Place, Oxford, FL 34484

Vice Chairman: Michael H Kaufman

Address: 5158 NE 124th Place, Oxford, FL 34484

Director: Dominica Kaufman

Address: 5158 NE 124th Place, Oxford, FL 34484

Director: _____

Address: _____

B. OFFICERS

President: MARTHA KAUFMAN

Address: 5158 NE 124th Place
Oxford, FL 34484

Vice President: _____

Address: _____

Secretary: Michael H Kaufman

Address: 5158 NE 124th Place, Oxford, FL 34484

Treasurer: Michael H Kaufman

Address: 5158 NE 124th Place, Oxford, FL 34484

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

12. Martha Kaufman

Signature of Director or Officer

The officer or director signing 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 felony as provided for in s.817.155, F.S.

13. MARTHA KAUFMAN PRESIDENT

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **FEEL FREE LIVING, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 3, 2014, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 12, 2014.



[Signature]
ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20140812-1522
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

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