

F17 000063451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

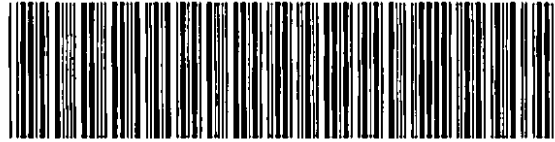
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SECURITY OF  
INTELLIGENCE  
UNIT

AUG 03 2017

J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FREYMAN CPA, P.C. 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:

GREG FREYMAN

\_\_\_\_\_  
Name of Person

FREYMAN CPA, P.C. INC.

\_\_\_\_\_  
Firm/Company

885 S. LILAC LOOP

\_\_\_\_\_  
Address

SAINT JOHNS, FL 32259

\_\_\_\_\_  
City/State and Zip code

INFO@TAXPROFF.COM

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

For further information concerning this matter, please call:

GREG FREYMAN

904

330-1200

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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 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.*

FREYMAN CPA, P.C. INC.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FREYMAN CPA, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 46-4247428  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/04/2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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. 1637 RACE TRACK ROAD, STE. 126, SAINT JOHNS, FL 32259  
(Principal office address)  
885 S. Lilac Loop, Saint Johns, FL 32259  
(Current mailing address, if different)

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

Name: GREG FREYMAN  
Office Address: 1637 RACE TRACK ROAD, STE. 126  
SAINT JOHNS, Florida 32259  
(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.*

  
(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.

17 AUG -1 AM 7:38  
ST. JOHN'S  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: GREG FREYMAN

Address: 885 S. LILAC LOOP

SAINT JOHNS, FL 32259

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: GREG FREYMAN

Address: 885 S. LILAC LOOP

SAINT JOHNS, FL 32259

Vice President:

Address:

Secretary:

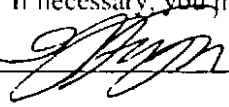
Address:

Treasurer:

Address:

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

12.



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. GREG FREYMAN, CHAIRMAN AND PRESIDENT

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

17 AUG - 1 AM 7:38  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/11/11 BY 60322

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of FREYMAN CPA, P.C. was filed on 12/04/2013, under the name of SAFIR & FREYMAN, CPA'S, P.C., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment SAFIR & FREYMAN, CPA'S, P.C., changing its name to FREYMAN CPA, P.C., was filed 08/19/2014.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 11th day of July two  
thousand and seventeen.*

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*