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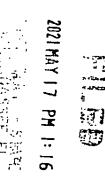
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COVER LETTER

	stration Section sion of Corporations						
SUBJECT:	FREEDOM TECHNO	VATIONS, INC.					
SUBJECT.		lame of corpora	tion - mu	ist include suffix			
Dear Sir or M	ladam:						
"Certificate of	"Application by Forei of Existence," or "Certi nced foreign corporation	ficate of Good S	Standing'	" and check are sub			**
Please return	all correspondence cor	ncerning this ma	itter to th	e following:			
MITAL PANA	ARA						
		Name	of Perso	on		· · · · · · · · · · · · · · · · · · ·	
FREEDOM T	ECHNOVATIONS, INC					. ~	
		Firm/C	Company	· · · · · · · · · · · · · · · · · · ·		. 2	
18901 MAISO	ONS DRIVE,				ţ	MAY	
		A	ddress				Tabu
LUTZ, FL 335	558				ر. د. د.	// 学。 	3 14
		City/Star	te and Zi	p code			- Ex.
panaramital@	gmail.com				ī	- S	
	E-mail ac	ldress: (to be us	ed for fu	ture annual report	notification)	
For further in	formation concerning t	his matter, pleas	se call:				
MITAL PANA	ARA	at ()	16-9074	w		
Nam	e of Person	Area (Code	Daytime Telep	hone Numb	er	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
	_		□ \$78	TTATE .75 Filing Fee & tified Copy	Certi	0 Filing Fe ficate of St fied 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.

(If name unavai	•	e adopted for the purpose of transacting business	s in Florida)	
DELAWARE	3	84-5118276		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
03/11/2020	5		<u> </u>	
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
18901 MAISON	S DRIVE, LUTZ, FL 33558	1502, 1.5., to determine polarly hability)		
		Europeant address		
	(Principal of	nce street address)		
	(Principal of	nice <u>street</u> address)		
		ing address, if different)		
			201	
Name and stre		ing address, if different)	2021 15	
Name and stre	(Current mail	ing address, if different)	2021 MAY 1	
Name:	(Current mail et address of Florida registered agent: (P.	ing address, if different)	17	
	(Current mails et address of Florida registered agent: (P. MITAL PANARA	ing address, if different)	2021 KAY 17 PM 1: 1	

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.

A. DIRECTORS						
□ Chairman	MITAL PANARA	□Chairman	Name:			
□Vice Chairman	Address:	☐Vice Chairman	Address:	·		
Director	LUTZ, FL 33558	□Director		·		
□President		President				
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·		
☐ Secretary	□Treasurer	Secretary		☐Treasurer		
□Other	Other	□Other		□Other		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director				
□President		☐ President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	Secretary		☐Treasurer		
□Other	Other	Other	 	□ Other		
				DOZI HAY		
□ Chairman	Name:	☐ Chairman	Name:	3 25 3		
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director		<u> </u>		
□President		President		<u> </u>		
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	Secretary		☐Treasurer		
□Other	Other	□Other		□Other		
Important Notice: Uindividuals may be	Use an attachment to report more than six (6). The att added to the index when filing your Florida Departm	achment will be imaged tent of State Annual Re	d for reporting proport form.	urposes only. Non-indexed		
12	Manuto			٤١		
	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. MITAL PANARA, DIRECTOR						



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELANARE, DO HEREBY CERTIFY "FREEDOM TECHNOVATIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2021 MAY 17 PH 1:16

Authentication: 203190542

Date: 05-12-21