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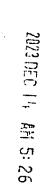
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Certified Copies Certificates of Status
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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporation	S				
SUBJECT: FREEDOM PUBL	ISHERS INC				
SOBJECT:	Name of corporation	- must include suffix	<u> —</u> .		
Dear Sir or Madam:					
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corpor	Certificate of Good Star	iding" and check are subn			
Please return all correspondence	concerning this matter	r to the following:			
RICHARD DELGAUDIO					
	Name of	Person			
FREEDOM PUBLISHERS INC					
	Firm/Con	ıpany			
2801 SW COLLEGE ROAD, BUI	LDING 21				
	Addr	ess			
OCALA, FLORIDA 34474					
	City/State a	nd Zip code			
RICHARDDELGAUDIO@FREEI					
E-ma	il address: (to be used	for future annual report no	otification)		
For further information concern	ing this matter, please of	call:			
RICHARD DELGAUDIO	at ( <sup>352</sup>	309-6308			
Name of Person	Area Cod	e Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	DRIDA DEPARTMENT	OF STATE  \$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.

FREEDOM PUI	BLISHERS INC					
	orporation: must include "INCORPORATED." "Corp." "Inc." "Co." or "Corp.")	COMPANY." "CORPORATIO				
(If name unavail	able in Florida, enter alternate corporate name adop	oted for the purpose of transact	ing business in	Florida)	,	
DELAWARE		. ,	_	,		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	applicable)		,	
AUGUST 11, 20	222					
	of incorporation) 5	(Date of duration, if othe	(Date of duration, if other than perpetual)			
DECEMBER 4,		(2 3.0 0. 2.0 3.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	· ····· • • · · · · · · · · · ·	,		
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.		ility)			
2801 SW COLLE	GE ROAD, BUILDING 21 OCALA, FLORIDA 3	34474				
	(Principal office s					
	(Current mailing ad	ldress, if different)				
			8	~)		
Name and street	et address of Florida registered agent: (P.O. Be	ox NOT acceptable)	<b>8</b>	023		
Name:	RICHARD DELGAUDIO		į.	2023 DEC		
ffice Address:	2801 SW COLLEGE ROAD, BUILDING 21	_		<del></del>	1 270	
	OCALA	Florida	į.	5: 5:		
	(City)	(Zip code)	1	: 26		
Registered ago	ent's acceptance:			0.		
laving been nam	ed as registered agent and to accept service o					
**	application. I hereby accept the appointment omply with the provisions of all statutes relat			-		
	with and accept the obligations of my position		ere perjorina	nee toy my	, 1454	
	RAAA					
_	1) id lot be ho					
	(Registered agent's signat	ture)				

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	Name:	□Chairman	Name:				
□Vice Chairman	Address: 2801 SW COLLEGE RD BLD 21	□Vice Chairman	Address:				
□Director	OCALA, FLORIDA 34474	□Director					
<b>■</b> 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			
□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			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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.



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
  All Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

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

DELAWARE, DO HEREBY CERTIFY "FREEDOM PUBLISHERS INC" 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 FOURTH DAY OF OCTOBER, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREEDOM

PUBLISHERS INC" WAS INCORPORATED ON THE ELEVENTH DAY OF AUGUST,

A.D. 2020.

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

Authentication: 204307846

Date: 10-04-23