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COVER LETTER

_	ration Section on of Corporations
	The Freedom Collective, Inc.
SUBJECT:_	Name of Corporation – must include suffix
Dear Sir or Ma	dam:
Affairs in Flori	Application by Foreign Not for Profit Corporation for Authorization to Conduct its da", "Certificate of Existence", or "Certificate of Status" and check are submitted to ove referenced not for profit corporation to conduct its affairs in Florida.
Please return a	Il correspondence concerning this matter to the following:
	Jeff Shaw
	Name of Person
	The Freedom Collective, Inc.
	Firm/Company
	2282 Whistler Way
	Address
	Lawrenceville, GA 30043
	City/State and Zip Code
	jeff@thefreedomco.org
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Jeff Shaw	404 275-2064
	Name of Person Area Code Daytime Telephone Number
Regist Divisi P.O. F	Address: Street Address: Registration Section On of Corporations Box 6327 Division of Corporations The Centre of Tallahassee 1415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a c Please make che	heck for the following amount: ck payable to: FLORIDA DEPARTMENT OF STATE ng Fee 578.75 Filing Fee & 578.75 Filing Fee & 587.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unava	ilable in Florida, enter alternate con	rporate name adopted for the purpose of transacting business in Flor
Texas	ntry under the law of which it is inc	_{3.} 99-3963801
(State or cour	ntry under the law of which it is inc	orporated) (FEI number, if applicable)
July 12, 20	24	5. (Date of duration, if other than perpetual)
	Pate of Incorporation)	(Date of duration, if other than perpetual)
N/A		
Date first condi	ucted affairs in Florida if prior to regi	istration. See sections 617.1501 & 617.1502, F.S. to determine penalty
402 Teetsh	orn St., Houston, TX 7700	9
	(P	Principal office street address)
	771	rent mailing address, if different)
	(Cun	rent maining address, it differents
		,
		,
To giardy God by bringing hope to mixing of deletibulions to organiz	o victims of sexual exploitation, empowering from its five free and ultimately ab- ations that quality as exempt organizations under widon 50 NotCO of the Heim	
		containing sensial expositions. See corporation is organized exclusively to chartically indipose extractional and sounding purposes, including, to built puring Hoverus Code or the corresponding section of any base housed list code. The or country to be carried out in the state of Florida)
Purpose(s) of c	corporation authorized in home stat	containing sensial expositions. See corporation is organized exclusively to chartically indipose extractional and sounding purposes, including, to built puring Hoverus Code or the corresponding section of any base housed list code. The or country to be carried out in the state of Florida)
(Purpose(s) of c	corporation authorized in home stat	containing sensial expositions. See corporation is organized exclusively to chartically indipose extractional and sounding purposes, including, to built puring Hoverus Code or the corresponding section of any base housed list code. The or country to be carried out in the state of Florida)
(Purpose(s) of c	corporation authorized in home stat eet address of Florida registered	agent: (P.O. Box NOT acceptable)
Purpose(s) of c Name and stre Name:	corporation authorized in home state eet address of Florida registered Registered Agents Inc	containing sensial expositions. See corporation is organized exclusively to chartically indipose extractional and sounding purposes, including, to built puring Hoverus Code or the corresponding section of any base housed list code. The or country to be carried out in the state of Florida)
Purpose(s) of c Name and stre Name:	recorporation authorized in home state address of Florida registered Registered Agents Inc 7901 4th St N STE 300	agent: (P.O. Box NOT acceptable)
Purpose(s) of c Name and stre Name:	recorporation authorized in home state address of Florida registered Registered Agents Inc 7901 4th St N STE 300	agent: (P.O. Box NOT acceptable)
Purpose(s) of c Name and stre Name:	recorporation authorized in home state address of Florida registered Registered Agents Inc 7901 4th St N STE 300	agent: (P.O. Box NOT acceptable)

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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total]: A. DIRECTORS Jeffrey Shaw Melissa Meyer Chairman Chairman 402 Teetshorn St. 402 Teetshorn St. l□Vice Chairman Address: Vice Chairman Address: Houston, TX 77009 Houston, TX 77009 Director Director President President □Vice President □Vice President reasurer reasurer Secretary Becretary Dother:_____ Other: Other: David Gamboa Chairman Name: _____ Chairman Name: 402 Teetshorn St. □Vice Chairman ☐Vice Chairman Address: Address: Houston, TX 77009 Director Director President President ☐Vice President □Vice President reasurer ☐ Secretary ☐ Treasurer Secretary Dther:____ Other: □Chairman □ Chairman Name: ☐Vice Chairman □Vice Chairman Address: _____ Address: Director Director President President Dice President □Vice President Secretary Treasurer Secretary Treasurer Other: □Dther:____ Dther: NOTE: 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

Jeffrey Shaw, Board Chair

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for The Freedom Collective, Inc. (file number 805622808), a Domestic Nonprofit Corporation, was filed in this office on July 12, 2024.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 07, 2024.



Phone: (512) 463-5555

gave Helson

Jane Nelson Secretary of State