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(Re	equestor's Name)	
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EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: FREEDOM AT HOME, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Donna Levine	
(Name of Person)	
FREEDOM AT HOME, LLC	ZIOR F
(Firm/Company)	EB 11
17 Clarendon Court South	
(Address)	2: 50 STATE LORIDA
Palm Coast, FL 32137	» C
(City/State and Zip Code)	

For further information concerning this matter, please call:

Donna Levine	at (386))585-4192
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
•	Tallahassee, FL 32301
osed is a check for the following amount:	
■ \$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & 🗷 \$160.00 Filing Fee, Certification

Certificate of Status

Certified Copy

of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FREEDOM AT HOME, LLC		· · · · · ·
(Name of Foreign Limited	Liability Company)	
Nevada	3. EIN- 26-1916291	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
01-30-08	_{5.} Perpetual	٠
(Date of Organization)	(Duration: Year limited liability company will cea exist or "perpetual")	ise to
N/A		
(Date first transacted business in F (See sections 608.501 & 608.502 F.S	orida, if prior to registration.) to determine penalty liability)	
17 Clarendon Ct. South		
Palm Coast FL	32137 200 2	
(Street Address	of Principal Office)	
If limited liability company is a manager-managed	I company, check here V	
The name and usual business addresses of the man	aging members or managers are as follows:	m
Donna Levine 17 Clarendon Court South	——————————————————————————————————————	' C
	٠ الله الله الله الله الله الله الله الل	7
		
). Attached is an original certificate of existence, no more than 90	· · · · · · · · · · · · · · · · · · ·	
e jurisdiction under the law of which it is organized. (A photoco	• • •	age, a
nslation of the certificate under oath of the translator must be sub	mrtted.)	
. Nature of business or purposes to be conducted of	r promoted in Florida: Internet Sale	<u> </u>
amarketing + referrals wealth mostors	Inil. products + Foundation Proposal	Soluters - ref
- Monna Lun		
	athorized representative of a member.	
•	F.S., the execution of this document constitutes	
Donna Levine		
Typed or printe	name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of t	he Limited Liability Compai	ny is:	•			
FREEDOM	AT HOME, LLC			SEC	2008	Service of
2. The name and	the Florida street address of	f the registered a	agent and office are	RETARY AHASSEE	FEB II	
	Donna	Levine		OF S	U	
		(Name)		TATE ORIDA	2: 50	
	17 Clarendon	court Sour	+h			
-	Florida Street Addre	ess (P.O. Box NO	Γ ACCEPTABLE)			
_	Palm Coast	FL	751ح3			
_		City/State/Zip				

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Monna Lucine
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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, **FREEDOM AT HOME, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 30, 2008, and is in good standing in this state.

WHITH IS COME TO SERVICE OF THE SERV

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 31, 2008.

ROSS MILLER Secretary of State

Ву

Certification Clerk