MIS000004841

(Requestor's Name)							
(Address)							
(Ad	dress)						
(Cit	y/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nar	me)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to	Filing Officer:						
·							
	tig _{ij}						

Office Use Only

JUN 2 2 2015

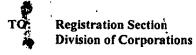


800273843308

06/15/15--01014--018 **125.00

5 JUN 15 AH 8: 51

COVER LETTER



SUBJECT	Freedom to Function	on LLC.				
SCOULC		Name of	Limited Liability Comp	any		
				to Transact Business in Florida," Certificate of ability company to transact business in Florida		
Please retu	urn all correspondence	concerning this matter to the	following:			
	Carolyn A. Ne	wman				
		N	lame of Person	,		
		******		,		
	Firm/Company					
	615 SE Harbor	view Dr.				
	-		Address			
	Port Saint Luci	ie, FL 34983-2703				
		City/S	state and Zip Code			
	JCNEWMAN77	@ҮАНОО.СОМ		•		
		E-mail address: (to be use	d for future annual repor	rt notification)		
For further	information concerning	g this matter, please call:				
c	Carolyn Newman		970 7 6	8-2483		
	Name o	of Contact Person	Area Code	Daytime Telephone Number		
D R P.	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314		Divi Regi Cli ft 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee Certified Copy	& ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Freedom to Function I	LC.			
1.		nust include "Li	mited Liability Company," "L.L.C.," or "	LLC.")
Newman's Freedom to Fu	unction LLC.			
liability Company," "L.L.C,	lternate name adopted for the purp," or "LLC.")	ose of transactin	g business in Florida. The alternate name	: must include "Limited
Colorado		3. 45-5 ⁴	450408	
(Jurisdiction under the law company is organized)				
N/A - no business trar	sacted in Florida prior to regis			
	(Date first transacted bus (See sections 605.0904 & 6	o5.0905, F.S. to	if prior to registration.) determine penalty liability)	
615 SE Harborview D	r., Port Saint Lucie, FL 34983			
CLEOP II. 1 D	(Street Address of	of Principal Offic	cc)	
013 SE Harborview Dr	., Port Saint Lucie, FL 34983			<u></u>
	(Mailin	g Address)		
Name and street address	ss of Florida registered agent: ((P.O. Box <u>NO</u>	T_acceptable)	ज 👫 .
Name:	Carolyn A. Newman			
Office Address:	615 SE Harborview Dr.			ည်း ႏိုင္ငံ ထဲ ႏွစ္
	Port Saint Lucie		, Florida ³⁴⁹⁸³	Section 1.
egistered agent's accep	(City)		(Zip code)	
is application, I hereby ith the provisions of all a see obligations of my post of the province of the provinc	accept the appointment as reg	istered agent and complete p A. Pour istered agent's si		rther agree to comply
				
iciaiu K. Newillan, Mem	ber Manager, 615 Harborview	Dr., FUR Saint	Lucie, PL 34783	
				<u> </u>
Attached is a certificate risdiction under the law of the translator must be su	of which it is organized. (If the abmitted)	certificate is in	nuthenticated by the official having cut a foreign language, a translation of the second seco	istody of records in the he certificate under oath
	605.0000 F.C. d	6.1	ا و اسماد رازو	
			ent constitutes an affirmation under the mitted in a document to the Department.	

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Carolyn A. Newman

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Freedom to Function LLC

is a Limited Liability Company formed or registered on 06/08/2012 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121316019.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/26/2015 that have been posted, and by documents delivered to this office electronically through 05/27/2015 @ 09:01:24.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/27/2015 @ 09:01:24 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9200063.



Hogge W. Williams

Secretary of State of the State of Colorado

**********End of Certificate*****************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCritevia.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."