# M1700003688

(Danisated Name)							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
, , , , , , , , , , , , , , , , , , ,							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
·							

Office Use Only



600298336666

04/26/17--01034--013 \*\*125.00

17 APR 25 PH 4: 05

O SIMMONS APR 28 2017

#### **COVER LETTER**

	istration Section sion of Corporatio	ns						
SUBJECT:	Freedom First Ven					_		
		Name of	Limited Liability	Company				
		reign Limited Liability Comed to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	Bernard Lew	ris				_		
		N	lame of Person					
	Freedom Firs	t Ventures, LLC				,		
	<del></del>	F	irm/Company	,		_		
	3030 N. Rocky Point Dr. Suite 150A							
			Address			_		
	Tampa, FL 33	607						
		City/S	State and Zip Code	;		_		
	bernardlewis@g							
		E-mail address: (to be use	d for future annua	l report not	ification)	_		
For further in	formation concerning	g this matter, please call:						
Ber	nard Lewis		at ( 866	) 388-20	001			
	Name o	of Contact Person	Area Code	Day	time Telephone Number	_		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301				
	check for the follow 125.00 Filing Fee	oing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Cof Status & Certified Co			

#### 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;

1. Freedom First Ventures (Name of Fore	, LLC eign Limited Liability Company; n	nust include "Limited Lia	ability Company," "L.L.C.," or "	LLC.")
Freedom 1st Ventures,	LLC			•
(If name unavailable, enter all Liability Company," "L.L.C,"	Iternate name adopted for the purp " or "LLC.")	ose of transacting busines	ss in Florida. The alternate name	e must include "Limited
2. Wyoming		3. N/A	(FEI number, if applicable)	
(Jurisdiction under the law company is organized)				
4. N/A				<b>=</b>
	(Date first transacted busi (See sections 605.0904 & 60	iness in Florida, if prior to 05.0905, F.S. to determin	o registration.)	1 45.3 5.0 bl. 11: 0.2
5. 3030 N. Rocky Point Dr.	26			
				2
	(Street Address o	of Principal Office)	- 11	÷.
6. 3030 N. Rocky Point D	r. Suite 150A Tampa, FL 336	607		05
		·		
	(Mailin	g Address)		
7. Name and street address	ss of Florida registered agent: (	P.O. Box NOT accept	table)	
Name:	Registered Agents Inc.		,	
Office Address:	3030 N. Rocky Point Dr. S	TE 150A	_	
Office Address:	_		_	
	Tampa		, Florida 33607 (Zip code)	
Registered agent's accep	(City)		(Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept so tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agen (Reg	intment as registered a ne proper and complete	ngent and agree to act in this e performance of my duties,	capacity. I further agree
8. The name, title or capa	acity and address of the person(	s) who has/have autho	rity to manage is/are:	
Bernard Lewis II, Man	aging Member			
3030 N. Rocky Point	Dr. Suite 150A Tampa,	FL 33607		
			· · · · · · · · · · · · · · · · · · ·	
	B	certificate is in a forei	gn language, a translation of	
	Signatu	re of an authorized perso	n	
This document is executed submitted in a document to	l in accordance with section 603 the Department of State const	5.0203 (1) (b), Florida itutes a third degree fel	Statutes. I am aware that any ony as provided for in s.817.	false information 155, F.S.

Typed or printed name of signee

Bernard Lewis II

### STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 17, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000746359**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of April, 2017 at 12:50 AM. This certificate is assigned 022812220.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.