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SECRETARY OF STATE
ALLAHASSEE FLORID

APPROVED AND FILEO



COVER LETTER

Registration Section

TO:

SUBJECT: _	FREEDOM FINAN	ICIAL SERVICES LLC			
_		Name of	Limited Liability	Company	
The enclosed Existence, and	"Application by Fo I check are submitte	reign Limited Liability Com ad to register the above refer	pany for Authoriza enced foreign limi	stion to Tr	ransact Business in Florida," Certificate o ty company to transact business in Florida
		concerning this matter to the			
	ANTHONY W	ARD CPA			
		N	ame of Person		
	ANTHONY W	ARD PLLC			
		F	im/Company		
	1000 73RD ST	REET UNIT 14			
			Address		· · · · · · · · · · · · · · · · · · ·
	WEST DES M	IOINES, IA 50265			
		City/S	State and Zip Code		
	ANTHONY@V	VARDCPAFIRM.COM			
		E-mail address: (to be use	d for future annual	report not	ification)
For further in	formation concerni	ng this matter, please call:			
ANTHONY WARD CPA			515 at (270-880	01
	Name	of Contact Person	Area Code	Day	rime Telephone Number
	ILING ADDRESS ision of Corporation				<u>CADDRESS:</u> of Corporations
_	istration Section . Box 6327			_	ion Section
	ahassee, FL 32314				ecutive Center Circle see, FL 32301
	check for the follow				
B \$	125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$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 FINANCLA	Limited Liability Compa	as- must includ	e "Limited Li	shility Company."	"L.L.C." or "LLC.")			
REEDOM FS LLC	Isabes Cabinty Comp	my, must meree		, ou.,p,,	,			_
name imavailable, enter alternate n	ame adopted for the purpose	of transcring busi	iness in Florids.			sihry Company,	"LLC," or "	uc")
DE	ï			3. 90-09904	67			
(Jurisdiction under the law of wi	hich foreign lumited liability	company is organiz	<u>(</u>	-	(FEI cumb	er, if applicable)	•	
11/01/18	1							
	(Date first transacted (See sections 605.090	business in Florida 4 & 605.0905, F.S	, if prior to regis to determine p	tration.) enalty liability)				
1395 TUSCANA LN #	#8015 CG			6		_		_
(Street Address of F				U	(Meiling Add	res s)	<u>-</u>	
DAVENPORT, FL 338	896 !							
							کی دو د	2 -
								E
Name and street addres	ss of Florida register	red agent: (P	O. Box N	OT acceptable)		<u>*</u>		7
Name:	SANJAY SACHI	DEV				5		≥ાં
Marine.	1205 57100 4314	T NI HOOLE C				ř	n ->	<u>m</u> 8
Office Address:	1395 TUSCÁNA	LN #8013 C					F STATE	
	DAVENPORT			, Ele	orida <u>33896</u>			5
gistered agent's accep		(Cay)			(Zip cod	ه) <u>ج</u>	5 H &	3
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FREEDOM FINANCIAL SERVICES LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREEDOM

FINANCIAL SERVICES LLC" WAS FORMED ON THE THIRD DAY OF JUNE, A.D.

2013.

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



Authentication: 203883756

Date: 11-13-18