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Douglas S, Allison, Esquire

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STEVEN K. PLATZEK, ESQUIRE

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Graner Platzek & Allison, P.A.

ATTORNEYS AT LAW

1699 South Federal, Highway Boca Raton, Florida 33432

Telephone (561) 750-2445 FACSIMILE (561) 750-2446 WWW.GRANERLAW.COM

April 2, 2024

Via Priority Mail

Florida Department of State Division of Corporations Attention: Regulatory Specialist II

PO Box 6327

Tallahassee, FL 32314

Re: FREEDOM HACKER MOVEMENT, LLC

Application by Foreign Limited Liability Company for Authorization to Transact

Business in Florida

Dear Sir or Madam:

:sic

Our office is in receipt of your letter dated March 21, 2024 in connection with the above-referenced Application for the above-referenced entity (a copy of that letter is enclosed for your reference). Pursuant thereto, enclosed please find a copy of the Certificate of Good Standing from the State of Wyoming. Your office should be holding our firm's check for the processing of this request.

Should you have any questions with regard to the foregoing, please do not hesitate to contact our office.

Sincerely,

S. Ivy Colón, FRP to

Thomas U. Graner, Esq.

RECEIVED

Enclosures

APR 05 2024

COVER LETTER

TO:

Registration Section

Div	ision of Corporations	
SUBJECT:	FREEDOM HACKER MOVEMENT, L	LC
	Na	me of Limited Liability Company
The enclosed Existence, ar	I "Application by Foreign Limited Liabilit ad check are submitted to register the abov	y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matte	r to the following:
	THOMAS U. GRANER, ESQ.	
		Name of Person
	GRANER PLATZEK & ALLISON,	P.A.
		Firm/Company
	1699 S. FEDERAL HIGHWAY	
		Address
	BOCA RATON, FL 33432	
		City/State and Zip Code
	TOM@GRANERLAW.COM	
	E-mail address: (to	be used for future annual report notification)
For further in	formation concerning this matter, please of	rall:
IVY	COLON	561 750-2445 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Reg Div P.O	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DE 125.00 Filing Fee	ee & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

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:

WYOMING (Jurisdiction under the law of w	which foreign limited liability company is organized)		
(Jurisdiction under the law of w	high foreign lumited lightly company is account to	3	
	company is organized)	(FEI number, if applicable)	c)
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	registration) ine penalty (lability)	
21540 INDIAN BAYO		21540 INDIANN BAYOU DR	
eet Address of Principal Office)		6. (Mailing Address)	
FORT MYERS BEAC	JH, FL 33931	FORT MYERS BEACH, FL 33931	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ŽÚĽ4
Name and street addres Name:	ss of Florida registered agent: (P.O. Box THOMAS U. GRANER, ESQ.	NOT acceptable)	ŽυΖ4 APR – 9
		NOT acceptable)	-5 PH
Name:	THOMAS U. GRANER, ESQ.	NOT acceptable) 33432	1

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: KRISTI KANDEL Name: LYNN MAKELA ■Manager □Manager Address: ___ 21540 INDIAN BAYOU DR Address: 21540 INDIAN BAYOU DR **■**Member ■Member FORT MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33931 □ Authorized ☐ Authorized Person Person □Other □Other____ □Other Other____ □Manager Name: _____ □Manager Name: _____ □Member Address: _____ □ Member Address: □ Authorized ☐ Authorized Person Person □Other □ Other____ □Other____ Other □ Manager Name: _____ □Manager Name: □ Member Address: _____ □Member Address: □ Authorized □ Authorized Person Person □Other___ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

gigantaigot an authorized berson

Typed or printed name of signee

THOMAS U. GRANER, ATTORNEY-IN-FACT

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Freedom Hacker Movement, LLC

is a **Limited Liability Company**

formed or qualified under the laws of Wyoming did on February 23, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2024-001414744.

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 26th day of March, 2024 at 1:39 PM. This certificate is assigned ID Number 071269732.

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 https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.