

N13000007924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

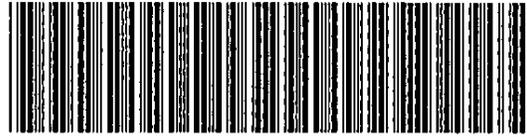
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 AUG 29 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
9/4/13

**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Land Of The Free Corporation  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Ilya Minkin  
Name (Printed or typed)

9165 Byron Ave  
Address

Surfside, FL 33154  
City, State & Zip

305 496-0002  
Daytime Telephone number

ianlminkin@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Land Of The Free Corporation

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
9165 Byron Ave

Surfside, FL

33154

Mailing address, if different is:  
13 AUG 29 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To promote education and welfare of all Americans, including  
and, when the circumstances so require with special emphasis on, those who have recently immigrated  
to the United States, by providing policy analysis and humanitarian assistance.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: is described in  
the corporation's by-laws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**FILED**

**13 AUG 29 PM 2: 15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Ilya Minkin

Address: 9165 Byron Ave  
Surfside, FL 33154

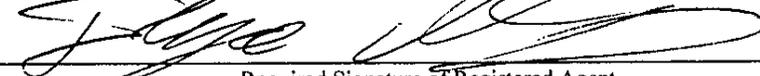
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Ilya Minkin

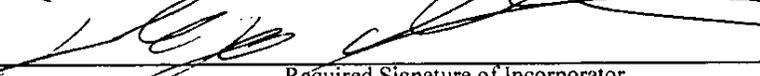
Address: 9165 Byron Ave  
Surfside, FL 33154

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

8/27/2013  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

8/27/2013  
Date