

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
OPERATION FREEDOM OF CHOICE, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021' 3 PM 4:55

2021 SEP -3 3:11:17

9/7/21
[Signature]

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: Operation Freedom of Choice, Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address:26530 Mitchel Way
Eustis, FL 32736

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: a grassroots organization to provide education, support and involve community resources to provide outreach and allow community based input in finding solutions to obstacles.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:by the President + the board**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Wendy Williams President Name and Title: Lourell Goby SecretaryAddress: 26530 Mitchel Way Address: 26530 Mitchel Way
Eustis, FL 32736 Eustis, FL 32736Name and Title: Jason Wheat VP Name and Title:Address: 26530 Mitchel Way Address:
Eustis, FL 32736Name and Title: Daniel Griffiths Treasurer Name and Title:Address: 26530 Mitchel Way Address:
Eustis, FL 32736

2021 SEP -3 PM 1:17

Name and Title: _____ Name and Title: _____

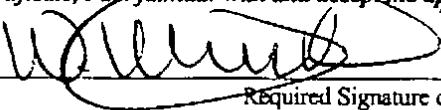
Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Wendy Williams
Address: 26530 Mitchel way
EUSTIS FLORIDA 32736**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Wendy Williams
Address: 26530 Mitchel way
Eustis FLORIDA 32736

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 Agent9/3/21
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 Incorporator9/3/21
Date2021 SEP 03 PM 11:17
FILED