

P04000027681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

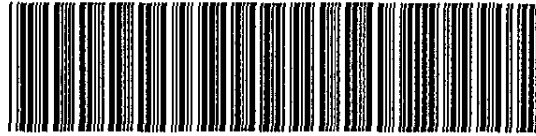
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600027998506

02/04/04--01045--001 \*\*78.75

FILED

04 FEB -4 PM 6:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Freedom Collision, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Freedom Collision, Inc.  
Name (Printed or typed)

8034 NW 103 st  
Address

Hialeah Gardens, FL 33016  
City, State & Zip

(305) 525-2978  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

04 FEB -4 PM 6:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Freedom Collision, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8034 NW 103 st #17  
Hialeah Gardens, Fl 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Body Shop.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

List name(s), address(es) and specific title(s):

Martha Simon (President)  
8034 NW 103 st #17  
Hialeah Gardens, Fl 33016

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Martha Simon  
8034 NW 103 st #17  
Hialeah Gardens, Fl 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Martha Simon  
8034 NW 103 st #17  
Hialeah Gardens, Fl 33016

\*\*\*\*\*

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

Martha Simon

Signature/Registered Agent

2/2/04

Date

Martha Simon

Signature/Incorporator

2/2/04

Date