

P06000006459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

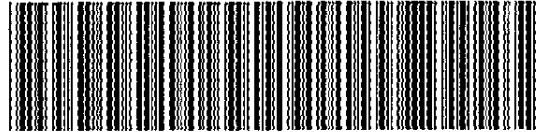
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 11 AM 10:18

D Brown JAN 18 2006

COVER LETTER

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

SUBJECT: Freedom Insurance & Financial Services, P.A.
(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: Rooveline Theophin
Name (Printed or typed)

3950 N Andrews Avenue
Address

Oakland Park, FL 33309
City, State & Zip

954-568-1284
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)

ARTICLE I NAME

The name of the corporation shall be:

Freedom Insurance & Financial Services, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3950 N Andrews Avenue Oakland Park, Fl 33309.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation for insurance and real estate.

ARTICLE IV SHARES

The number of shares of stock is:

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

This corporation will have 3 initial directors:

President:Rooveline Theophin 208 NW 16th St Fort Lauderdale Fl 33311

Vice-President: Fontane Theophin 4561 NW 10th Avenue Fort Lauderdale 33309

Chief Executive Officer: Robert Jean Baptiste 2507 N Andrews Avenue Wilton Manors Fl 33311

ARTICLE VI REGISTERED AGENT

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

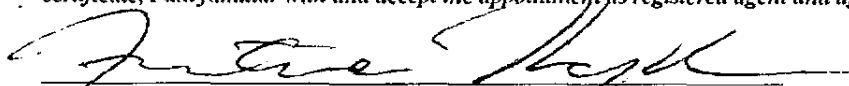
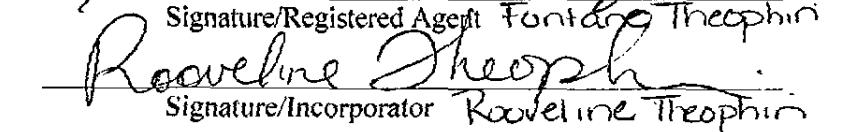
Fontane Theophin
4561 NW 10th Avenue
Fort Lauderdale, Fl 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rooveline Theophin
208 NW 16th Street
Fort Lauderdale, Fl 33309

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


Signature/Registered Agent Fontane Theophin

Signature/Incorporator Rooveline Theophin

1/09/06

Date

1/09/06

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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