

PO8000085866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

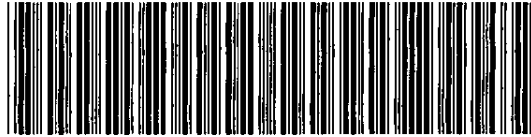
(Business Entity Name)

(Document Number)

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

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2008 SEP 17 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J Shivers SEP 18 2008  
W08-42323

## COVER LETTER

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

SUBJECT: Freedom 4 Life  
(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: Lynn Reakes  
Name (Printed or typed)

1055 Crystal Way #D  
Address

Delray Bch FL 33444  
City, State & Zip

361-789-7022  
Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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 4 Life INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1055 Crystal Way  
#0 Delray Bch FL 33444

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business / tax purposes.

## 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):

Lynn Reakes

## ARTICLE VI REGISTERED AGENT

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

1055 Crystal Way Lynn Reakes  
#0 Delray Bch FL 33444

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lynn Reakes  
1055 Crystal Way #0 Delray Bch FL 33444.

\*\*\*\*\*

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

Lynn Reakes

Signature/Registered Agent

Lynn Reakes

Signature/Incorporator

9-8-08.

Date

9-8-08

Date

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