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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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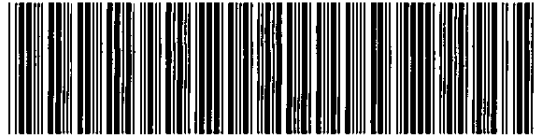
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 MAR 26 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
3/27

COVER LETTER

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

SUBJECT: Financial Freedom Orlando, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Luis Montalegre

Name (Printed or typed)

14311 Cheverleigh Drive

Address

Orlando, FL 32837

City, State & Zip

407-859-1151

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:

Financial Freedom Orlando, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14311 Cheverleigh Drive; Orlando, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Generation of sales leads.

ARTICLE IV SHARES

The number of shares of stock is:

One hundred.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luis Montealegre CEO at the following address: 14311 Cheverleigh Drive; Orlando, FL 32837

ARTICLE VI REGISTERED AGENT

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

I am accepting the position of the Registered Agent under the name of Luis Montealegre at the following address:
14311 Cheverleigh Drive; Orlando, FL 32837

Signature: _____

Florida
Orange

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS MONTEALEGRE
14311 CHEVERLEIGH DR.
ORLANDO, FL. 32837



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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA