## P100000000059

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Rus	siness Entity Nam	ne)
(Sa.	sition Etter, i tan	,
(100	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



900166347859

01/22/10--01012--003 \*\*78.75

FILED

NO JAN 22 AN III- 16
SECRETARY OF STATE
MINISSEL FLORED

6 10 M

## **COVER LETTER**

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

SUBJECT: FREER	(PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)
	•		
Enclosed are an orig	inal and one (1) copy of the art	ticles 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 o Status
		ADDITIONAL CO	PY REQUIRED
		e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·
864	Gulf Pavilion Drive #104	Address	
<u>Nap</u>	oles Florida 34108	, State & Zip	1 h 1 h 1 h 1 h 1 h 1 h 1 h 1 h 1 h 1 h
239	-580-7825	, State & Zip	
		Telephone number	· · · · ·
CGC	ORDON827@aol.com		
<del>*************************************</del>	E-mail address: (to be use	ed for future annual report r	notification)

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) The name of the corporation shall be: FREEROLL USA Inc ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: MAIL: P.O. BOX770608 STREET 864 GULF Pavilion Dr. #104 NAPLES FL 34108 NAPLES FL34107 ARTICLE III PURPOSE The purpose for which the corporation is organized is: NISTRIBUTOR ARTICLE IV SHARES The number of shares of stock is: 1,000 2 \$1.00 each. ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): COLIN NEIL GORDON - PRESIDENT ELLEN GORDON - SECRETARY ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: COLIN NEIL GORDON 864 Gulf Pavilion Dr. #104 NAPLES FL. 34108 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ELLEN GORDON 864 Bulf Pavilion Dr. #104 NAOLES FL 34108 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 Agenty On NEIL GORDON 1/19/2010 Agenty Date 1/19/2010

Signature/Incorporator