

P10000098019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

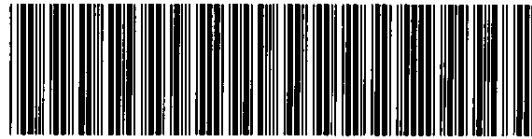
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10 DEC -3 PM 1:24

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 DEC -3 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

52

COVER LETTER

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

SUBJECT: Financial Freedom Enterprises 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: Robert Nance
Name (Printed or typed)
1514 S. Magnolia Dr.
Address
Tallahassee, FL 32301
City, State & Zip
(850) 559-4109
Daytime Telephone number
nance.robert@yahoo.com
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: Financial Freedom Enterprises INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1514 S. Magnolia Dr
Tallahassee, FL
32301

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Nance / CEO
Address: 1514 S. Magnolia Dr.
Tallahassee, FL 32301

Name and Title: Lorenzo Leonard / Vice President
Address: 1514 S. Magnolia Dr
Tallahassee, FL 32301

Name and Title: Regina Nance / CEO
Address: 1514 S. Magnolia Dr
Tallahassee, FL 32301

Name and Title: Keion Nance / Secretary / Treasurer
Address: 1514 S. Magnolia Dr
Tallahassee, FL 32301

Name and Title: Lakisha Nance / President
Address: 1514 S. Magnolia Dr
Tallahassee, FL 32301

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

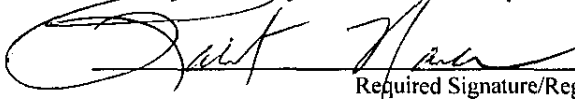
Name: Robert Nance
Address: 1514 S. Magnolia Dr
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

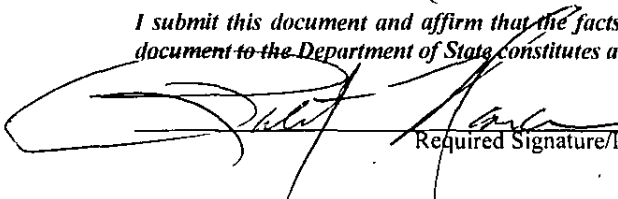
Name: Robert Nance
Address: 1514 S. Magnolia Dr
Tallahassee, FL 32301

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


Required Signature/Registered Agent

12-3-2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

12-3-2010
Date