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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone :	#γ
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PICK-UP		MAIL
(Bu	siness Entity Name	9)
(Do	cument Number)	
Certified Copies	_ Certificates c	of Status
Special Instructions to I	Eiling Officer	
Special Instructions to Filing Officer:		
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NU CO	10770)
	Office Use Only	



03/04/11--01023--001 **78.75

FILED

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COVER LETTER

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

SUBJECT: Freedom Auto Body & Towing, 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	\$87.50 Filing Fee,
└─Filing Fee	└─Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL C	OPY REQUIRED

FROM: Bruce Reynolds

Name (Printed or typed)

12941 Sugar Creek Blvd.

Hudson, Fl. 34669

City, State & Zip

727-207-9049

Daytime Telephone number

freedomautobody@hotmail.com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address	Mailing address, if different is:	
	7903 Leo Kidd Ave		ek Blvd	
	Port Richey, Fl. 34668	Hudson, FL34669		
ARTICLE III	PURPOSE			
	which the corporation is organized is:		742 X	
Auto Repair	, Towing, Storage,Detailing		2011 HAR -4 SLOVE STOR	
ARTICLE IV	SHARES			
	ares of stock is:1000			
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS		
Name and T	Title: Bruce Reynolds pres	Name and Title:		
Address:	Hudson, FI.34669	Address:		
Name and T	Fitle: Jagulyn Clark v pres 12941 Sugar Creek Blvd	Name and Title:		
Address:	12941 Sugar Creek Blvd Hudson,FI 34669	Address:		
Name and T	Title: Karie Ann Reynolds Tres	Name and Title:		
Address:	Greenfield, Wi 53228	Address:	·····	
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptal	ole) of the registered agent is:		
Name:	Bruce Reynolds			
Address:	12941 Sugar Creek Blvd Hudson, FL34669			
	INCORPORATOR dress of the Incompositor is:			
Name:				
Address:	12941 Sugar Creek Blvd Hudson, Fl. 34669			
The <u>name and ad</u> Name: Address: Having been nam	dress of the Incorporator is: Bruce Reynolds 12941 Sugar Creek Blvd			
N	K. 12	_		
An	~ neymos		/3/2011	
×	Required Signature/Registered Agen		Date	
submit this docu cument to the D	ument and affirm that the facts stated herei epartment of State constitutes a third degree	n are true. I am aware that the false i felony as provided for in s.817.155, F.S	information submitted in a	
L.	Rout		0/0/0044	
1-JAA	~ // UMOSA)		3/3/2011	

Required gignature/Incorporator

Date