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(Requestor's Name)				
(Ac	ldress)			
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PICK-UP	MAIT WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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Special Instructions to Filing Officer:				

Office Use Only



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J. SHIVETS IAN 12 2016 (1)

COVER LETTER

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

\$70.00

\$78.75

SUBJECT: Foreclosure Freedom and Information Association, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL C	LY Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROм: Jane M. Letwin	(Deintod on toward)			
14251 SW 175 Street	(Printed or typed)	TALLAHAS	2012 JAN -	
Miami, Florida 33177 City,	State & Zip	SEE FL	æ	
305-964-7754 Daytime To	elephone number	O KIE	81: III MA	E IF
Janeletwintv@aol.com E-mail address: (to be used	for future annual report	notification)		

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

\$78.75

\$87.50

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

ARTICLE I NA The name of the corpor		d information Associa	ation,Inc.
142	Principal office Principal street address e m. Letwin 51 SW 175 Street mi, Fl 33177		lress, if different is:
	RPOSE the corporation is organized is: mation to people in general.		
ARTICLE IV SE			
Name and Title: Address:	ITTIAL OFFICERS AND/OR DIRECTORS Jane m. Letwin /Owner 14251 SW 175 Street Miami, Fl 33177	Name and Title:Address:	
Name and Title: Address:		Address:	
Name and Title: Address:		Address:	
The name and Florid Name: Address:	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of Jane M. Letwin 14251 SW 175 Street Miami, FL33177		2012 JAN -9 AN SEGRETARY OF TALLAHASSEE F
	SE OF THE PROPERTY OF THE PROP	· •	
	as registered agent to accept service of process amiliar with and accept the appointment as regi		
/ (CM)	16 Metur		10/20/2011
	Required Signature/Registered Agent		Date
I submit this docume	ent and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a
document to the Depo	urtment of State constitutes a third degree felony	as provided for in s.817.15.	5, F.S.
Joue	Required Signature/Incorporator		10/20/2011 Date
Effective	Date January 15	t, 2012	