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COVER LETTER

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

Freeman Restaurants Corp

SUBJECT: _____
(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

Fausto Altamirano

FROM: _____
Name (Printed or typed)

8015 NW 8 Street, 414

Address

Miami, Florida 33126

City, State & Zip

786- 443-7042

Daytime Telephone number

faltamir@hotmail.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: Freeman Restaurants Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3420 East Atlantic Blvd. 8015 NW 8 Street, 414
Pompano Beach, Florida 33069 Miami, Florida 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Conduct, To sell and Prepare Cuban Cuisine on a suitable Restaurant or/and any& All Applicable & Existing under the Laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fausto Altamirano, Pres Name and Title: _____
Address: 8015 NW 8 Street, 414 Address: _____
 Miami, Florida 33126 _____

Name and Title: Enrique R. Gomez Armenter and Title: _____
Address: Director Address: _____
 49 N. Federal Hwy., # 317 _____
 Pompano Beach, Fl 33062 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____
 _____ _____
 _____ _____

ARTICLE VI REGISTERED AGENT

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

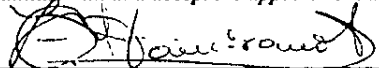
Name: Fausto Altamirano
Address: 8015 NW 8 Street, # 414
 Miami, Florida 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Fausto Altamirano
Address: 8015 NW 8 Street, # 414
 Miami, Florida 33126

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

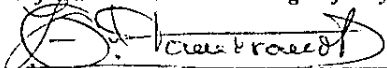


Required Signature/Registered Agent

08/13/2012

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

08/13/2012

Date

12 AUG 15 PM 2:50
TALLAHASSEE, FLORIDA