

**A 300 0018302**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

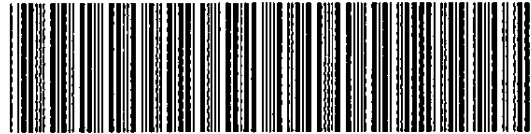
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
ATLANTA, FLORIDA

**LEADERS FEB 26 2013**

## COVER LETTER

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

SUBJECT: **Free Will 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **Jason Bleile**

Name (Printed or typed)

**7520 Sunshine Skyway Ln S. T-17**

Address

**St. Petersburg, FL 33711**

City, State & Zip

**813-965-1663**

Daytime Telephone number

**FreewillEnterprisesInc@yahoo.com**

E-mail address: (to be used for future annual report notification)

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**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: Free Will Enterprises Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7520 Sunshine Skyway Ln S. T-17

St. Petersburg, FL. 33711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This business is formed to engage in all lawful business for profit.

**ARTICLE IV SHARES**

The number of shares of stock is: 3,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jason Bleile CEO

Address: 7520 Sunshine Skyway Ln S. Unit T-17

St. Petersburg, FL. 33711

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

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(cont.)

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:

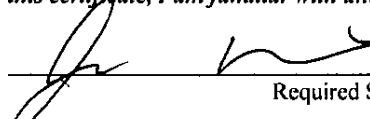
Name: Jason Bleile  
Address: 7520 Sunshine Skyway Ln S. T-17  
St. Petersburg, FL. 33711

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

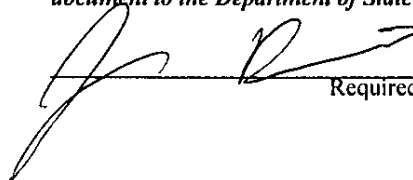
Name: Jason Bleile  
Address: 7520 Sunshine Skyway Ln S. T-17  
St. Petersburg, FL. 33711

*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

2-22-13  
\_\_\_\_\_  
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

2-22-13  
\_\_\_\_\_  
Date  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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