

P15000031800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

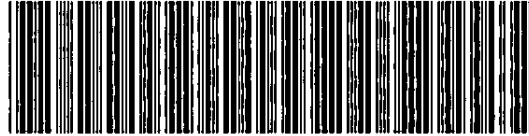
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -3 PM 4:30

APPROVAL
AND
FILED

✓

COVER LETTER

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

SUBJECT: **Freedom Marketing Systems 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: **olen miller**

Name (Printed or typed)

112 south trask st

Address

tampa, Fl -33609

City, State & Zip

813 714 4061

Daytime Telephone number

olenm123@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)

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AND
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ARTICLE I NAME

The name of the corporation shall be: Freedom Marketing Systems Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

5700 Memorial Hwy #221

Tampa, Fl -33615

15 APR -3 PM 4:39
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: nationwide sales and marketing/Lead Generation
directed towards the following industries- Travel , Resorts, timeshare, mortgage
insurance/financial . services provided will be email marketing, telemarketing , direct mail
and cold calling.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: olen miller

Address 112 south trask st
tampa , fl 33609

Name and Title: president

Address: same

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(cont.)

APPROVED
AND
FILED

Name and Title: _____ Name and Title: 15 APR -3 PM 4:35
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: olen miller
Address: 112 south trask st
tampa, fl 33609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: olen miller
Address: 112 south trask st
tampa, fl 33609

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

Olen Miller
Required Signature/Registered Agent

3-30-2015
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.

Olen Miller
Required Signature/Incorporator

3-30-2015
Date