

P1500VVV41509

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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W150000 25341

MAY 11 2014

T. SCOTT



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04/09/15--01011--008 \*\*70.00

15 MAY - 8 AM 8:20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2015

FAURE FREEMAN  
14956 SW 34 STREET  
MIAMI, FL 33185

SUBJECT: FREEMAN'S DANCE & FITNESS STUDIO CORP.  
Ref. Number: W15000025381

We have received your document for FREEMAN'S DANCE & FITNESS STUDIO CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 915A00007245

## COVER LETTER

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

SUBJECT: Freeman's Dance & Fitness Studio Corp.  
(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: Faure Freeman  
Name (Printed or typed)

14956 SW 34 Street

Address

Miami, FL 33185

City, State & Zip

786-337-0665

Daytime Telephone number

Freeman@nobelconstructions.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'S DANCE & FITNESS STUDIO CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3432 East Atlantic Blvd.  
Pompano Beach, FL 33062

Mailing address, if different is:

14956 SW 34 STREET

MIAMI, FL 33185

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DANCE AND FITNESS STUDIO

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: FAURE FREEMAN (PRESIDENT)

Address 14956 SW 34 STREET

MIAMI, FL 33185

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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: FAURE FREEMAN \_\_\_\_\_

Address: 14956 SW 34 STREET \_\_\_\_\_

MIAMI, FL 33185 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: FAURE FREEMAN \_\_\_\_\_

Address: 14956 SW 34 STREET \_\_\_\_\_

MIAMI, FL 33185 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/4/15  
\_\_\_\_\_  
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

5/4/15  
\_\_\_\_\_  
Date