

P/500004/757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

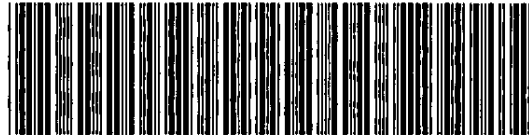
(Document Number)

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

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04/09/15--01011--005 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 MAY -8 AM 10:32

W15- 25458

✓ 05/11/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2015

FAURE FREEMAN  
14956 SW 34 STREET  
MIAMI, FL 33185

SUBJECT: FREEMAN'S CUBAN CUISINE ON THE BEACH BY THE POUND  
CORP.

Ref. Number: W15000025458

We have received your document for FREEMAN'S CUBAN CUISINE ON THE BEACH BY THE POUND 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):

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

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 615A00007256

## COVER LETTER

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

**SUBJECT:** Freeman's Cuban Cuisine on the Beach by the Pound 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**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 Cuban Cuisine on the Beach by the Pound Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3428 East Atlantic Blvd

Pompano Beach, FL 33069

Mailing address, if different is:

14956 SW 34 Street

Miami, FL 33185

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: New restaurant

**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: \_\_\_\_\_

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DIVISION OF CORPORATION  
15 MAY - 8 AM 10:32

(conti.)

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

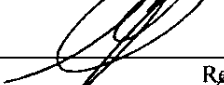
**ARTICLE VII INCORPORATOR**

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

Name: Faure Freeman  
Address: 14956 SW 34 Street  
Miami, FL 33185


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*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

04/03/15  
\_\_\_\_\_  
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