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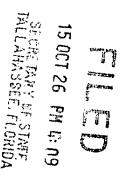
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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Special Instructions to Filing Officer:				
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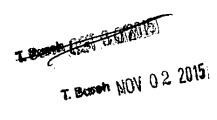
Office Use Only



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COVER LETTER

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

SUBJECT: Fre	d Proj	ects Inc		
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	origi	nal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	_	— +·····	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
			ADDITIONAL CO	
FROM:	Ann	e M Barkman		
		Name	e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·
	1250	Glendale Ave		
	******		Address	
	Sprir	ng Hill, FL 34609		
		City,	State & Zip	
	(352)	515-0014		
		Daytime T	elephone number	
	coola	mb@yahoo.com		

NOTE: Please provide the original and one copy of the articles.

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	Fred Projects Inc		
ARTICLE II PRINC	CIPAL OFFICE Principal street address	Mailing ac	ddress, if different is:
1250 Glendale Ave		- ··· · · · · · · · · · · · · · · ·	
Spring Hill, FL 34609			
ARTICLE III PURPO The purpose for which t	OSE the corporation is organized is:	nmerce	
			55 22 8 45
			CO TO PROGRAMA
	······································		
	· · · · · · · · · · · · · · · · · · ·		SE F U
			19 DA
	AL OFFICERS AND/OR DIRECTOR e:	25 Name and Title:	**************************************
Address	1250 Glendale Ave	Address:	
	Spring Hill, FL 34609	<u> </u>	
Name and Title	×	Name and Title:	
Address			
			
N 4 m/d		Name of Title.	
Name and Little) -		
		Name and Title:	
Address	*		

Name an	d Title:	Name and Title:
Address	·	Address:
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	Anne M Barkman	
Address:	1250 Glendale Ave	MAGAINE MACAINE MACAIN
. 144. 655.	Spring Hill, FL 34609	
ARTICLE VII	INCORPORATOR	TACLA
The name and a	ddress of the Incorporator is:	OCT 26
Name:	Anne M Barkman	X
Address:	1250 Glendale Ave	
	Spring Hill, FL 34609	St State of Fight
Effective date, if (If an effective of days after the fine the date of the document's effective days after the document's effective days after the date of the document's effective days after the days after the document's effective days after the	iling.) e inserted in this block does not meet the apperfective date on the Department of State's re	cannot be more than five business days prior or 90 business licable statutory filing requirements, this date will not be listed as cords.
	am familiar with and accept the appointmen	process for the above stated corporation at the place designated t as registered agent and agree to act in this capacity
Chre	M. Barkman	10/13/2015
	Required Signature/Registered Age	nt Date
	cument and affirm that the facts stated here Department of State constitutes a third degre	rin are true. I am aware that the false information submitted in the felony as provided for in s.817.155, F.S.
	M. Barlemur ired Signature/Incorporator	10/13/2015
Requ	ired Signature/Incorporator	Date