

P19000063134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

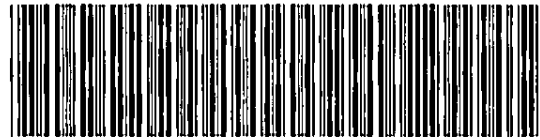
(Document Number)

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AUG 13 2019



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FILED AUG 13 2019

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## COVER LETTER

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

**SUBJECT:** Free Spirit Designs Enterprise, 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:** Free Spirit Designs Enterprise, Inc.

Name (Printed or typed)

445 West Silverthorn Lane

Address

Ponte Vedra, FL 32081

City, State & Zip

904-990-4141

Daytime Telephone number

victoria@freespiritdesigns.biz

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: Free Spirit Designs Enterprise, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

445 West Silverthorn Lane

Ponte Vedra, FL 32081

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shs

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

Name and Title: Victoria M McCartney, President

Name and Title:

Address

445 West Silverthorn Lane

Address:

Ponte Vedra, FL 32081

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2019 AUG -1 PM 12:49  
CLERK OF COURT  
JULIA A. BROWN

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: Victoria M McCartney  
Address: 445 West Silverthorn Lane  
Ponte Vedra, FL 32081

**ARTICLE VII INCORPORATOR**

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

Name: Victoria M McCartney  
Address: 445 West Silverthorn Lane  
Ponte Vedra, FL 32081

**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 days prior or 90 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*

Victoria M. McCartney  
Required Signature/Registered Agent

July 29, 2019  
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.*

Victoria M. McCartney  
Required Signature/Incorporator

July 29, 2019  
Date