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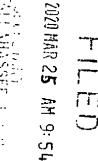
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## **COVER LETTER**

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

EIN: 37-1478569

SUBJECT: FREEMAN FAMILY (PROPOSED CORPORAT	INVESTORS TENAME - MUST INCLU	LLC JDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	a check for:
☐ \$70.00	□ \$78.75 Filing Fee & Certified Copy	№ \$87.50 Filing Fee. Certified Copy & Certificate of Status
	ADDITIONAL CO	10-3
FROM: JOHN K, FREIS		26 M S SSF - M S
18848 U.S. H	GHWAY 441 ddress	#2/2 5
MT. DORA, FO	( , 3 2 State & Zip	-757
32/-354-82 Daytime Te	2_9_5 elephone number	
LE-mail address: (to be used	FREEMAN . Co n for future annual report n	otification)

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

Please NOTE: OLD DOGMENT # LOGODOO 72 010 ATTACHED

## 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:		
ARTICLE II PRINCIPAL OFFICE		
Principal street address	/ Mailing address, i	f different is:
	_	
	_ \×`	
ARTICLE III PURPOSE	0 /	
The purpose for which the corporation is organized is:		
and K		
		2020 7.11
		- Th
		25 25 283
ABSTRACT OF BEG		- July
ARTICLE IV SHARES The number of shares of stock is:		
The number of shares of stock is.		ب ب
		2.
ARTICLE V INITIAL OFFICERS AND/OR DIRE	<u>CTORS</u>	4."
Name and Title JOHN V. ENTERNAN	, MGR, Name and Title:	
reame and rule.	) - 1 Varie and 1 me.	
Address /8848 V.S. /1/6H	W1-444 Address:	
J 717	<i>(</i>	
7212	<del></del>	
MT-DORA, F	7/32.757	
Name and Title:	Name and Title:	
Address	Address	
11001033		
H4	<del></del>	
Name and Title:	Name and Title:	
Address	Address:	
	<del></del>	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:	Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:	<del></del>	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:		
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  \[ \leftilde{\text{JOHN}} \times \times \text{FREEMAW} \]  Address:  \[ \leftilde{\text{JOHN}} \times \text{FREEMAW} \]  Address:  \[ \leftilde{\text{JOHN}} \times \text{FREEMAW} \]  Address:  \[ \leftilde{\text{JOHN}} \times \text{FREEMAW} \]  ARTICLE VIII \[ \text{EFFECTIVE DATE:} \]  Effective date, if other than the date of filing:  \[ \text{(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after thing.)  \[ \text{Note:} \text{ If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.  \[ \text{Having been named as registered agent to accept service of process for the above stated corporation at the place designant certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity  \[ \text{Having been named as registered agent to accept service of process for the above stated corporation at the place designant certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity  \[ \text{All Mall A required Signature Registered Agent} \]  I submit this document and affirm that the facts stated herein are true. I am aware that the fake information submit document to the Pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.	OT acceptable) of the registered agent is:	
The name and address of the Incorporator is:  Name:  Name:	MAN	
The name and address of the Incorporator is:  Name:    JOHN K. FREEMAN    Address:   8848 U.S. / INY 441 #212     MT. TORA, FL. 32757      ARTICLE VIII   EFFECTIVE DATE:     Effective date, if other than the date of filing:	HWG 44/ #212	
The name and address of the Incorporator is:  Name:	32757	
Address:    S&48   U.S.		
Address: /8848 U.S. /Awy 441 #212  MT. Dolla, EL. 32757  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:		
ARTICLE VIIIEFFECTIVE DATE:  Effective date, if other than the date of filing:	EEMAN	
ARTICLE VIII _EFFECTIVE DATE:  Effective date, if other than the date of filing:	Wy 441 #212	
Effective date, if other than the date of filing:	-L. 32757	
Effective date, if other than the date of filing:		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.		or tha
Having been named as registered agent to accept service of process for the above stated corporation at the place designate certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity    A	sectific and Calinot be more than live days prior of 70 days and	er the
Having been named as registered agent to accept service of process for the above stated corporation at the place designate certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Alanda   Alanda		be liste
Certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Alanda   Alan	of State's records.	
Required Signature Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ervice of process for the above stated corporation at the place desig	nated ii
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	• •	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١	120
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	istered Agent Date	
	stated herein are true. I am aware that the false information su	bmitted
3/23/2		_
		20
redultaes signature/incorporator		OT acceptable) of the registered agent is:  MAN  AWY 44   7 212  32-757  COPTIONAL)  Recific and cannot be more than five days prior or 90 days after the applicable statutory filing requirements, this date will not of State's records.  Cruice of process for the above stated corporation at the place designatement as registered agent and agree to act in this capacity  Stated Agent  Stated herein are true. I am aware that the false information suchird degree felony as provided for in s.817.155, F.S.

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