

P21000072126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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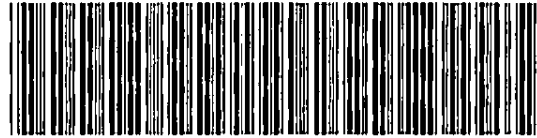
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/06/21--01029--001 **78.75

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21 AUG -6 PM 12:43
TALLAHASSEE, FLORIDA

D O'KEEFE

AUG 12 2021

COVER LETTER

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

SUBJECT: Freemhouse Gypsy & Co., 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: Donna Freeman
Name (Printed or typed)

PO Box 101102
Address

Cape Coral FL 33910
City, State & Zip

305-753-9980
Daytime Telephone number

DFreeman@freemhouse44.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: Farmhouse Gypsy & Co., Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

16560 N. Croy Avenue
P.O. Box 101102
Cape Coral, FL 33910

Mailing address, if different is:

P.O. Box 101102
Cape Coral, FL 33910

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all legal business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Freeman, P

Name and Title: _____

Address: P.O. Box 101102

Address: _____

Cape Coral, FL 33910

President

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Donna Freeman
Address: 165 Goughway Ave.
Port Charlotte, FL 33953

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ARTICLE VII INCORPORATOR

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

Name: Donna Freeman
Address: PO Box 101102
Cape Coral, FL 33910

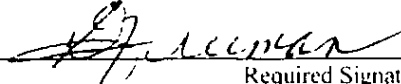
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-4-2021 (OPTIONAL)

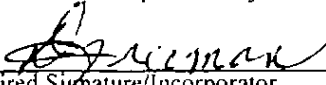
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

 8/4/2021
Required Signature/Registered Agent 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.

 8/4/2021
Required Signature/Incorporator Date