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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION FREANAICHA TRANSPORT INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: FREANAICHA INC. ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: ARTICLE III SHARES: The number of shares of stock is: OOI INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the regist ared agent is: INCORPORATOR: The name and address of the Incorporator is:

Required Signatures:

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 05-12-2027

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.

05-12-2022.

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