

P220 0004 5998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

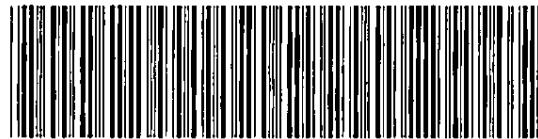
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400389250184

FILED

RECEIVED

2022 JUN -9 PM 2:57.59

2022 JUN -9 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06/09/22--01015-87.59

D. O'KEEFE
JUN - 9 2022

COVER LETTER

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

SUBJECT: FREEDOM FINANCIAL UNLIMITED, 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 & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: CESAR ANDRES ABUCHAR
Name (Printed or typed)

2473 HURON CIRCLE
Address

KISSIMMEE, FL. 34746
City, State & Zip

407-744-7955
Daytime Telephone number

GHOBEZ@GMAIL.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: **FREEDOM FINANCIAL UNLIMITED, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

2473 HURON CIRCLE

Mailing address, if different is:

KISSIMMEE, FL. 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CESAR ANDRES ABUCHAR, P**

Name and Title: _____

Address: **2473 HURON CIRCLE**

Address: _____

KISSIMMEE, FL 34746

2022 JUN -9 PM 2:13
FILED
CLERK, DEPT. OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: **LESBIA SEGURA**

Address: **3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **LESBIA SEGURA**

Address: **3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746**

FILED

2022 JUN -9 PM 2:13

FLORIDA STATE
SECY OF STATE
TALLAHASSEE, FLORIDA

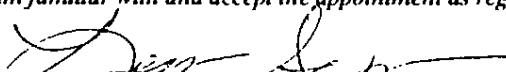
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: **JUNE 9, 2022** (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

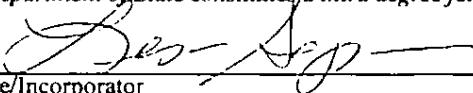


Required Signature/Registered Agent

06/09/2022

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.



Required Signature/Incorporator

06/09/2022

Date