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TRANSMITTAL LETTER

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

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-08/12/97--01085--022
****122.50 ****122.50

SUBJECT: CORPORATION FOR FINANCIAL FREEDOM MANAGEMENT
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Bruce A. Leinback
Name (Printed or typed)

1669 Mahan Center Boulevard
Address

Tallahassee, Florida 32308
City, State & Zip

(904) 942-5522
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 AUG 12 PM 2:59

FILED

Dmc
8/12/97

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

**ARTICLES OF INCORPORATION
OF
CORPORATION FOR FINANCIAL FREEDOM MANAGEMENT**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as Incorporators of a corporation under the Florida Business Corporation Act, adopt the following Articles of Incorporation for such corporation:

ARTICLE I: CORPORATE NAME

The name of this corporation is CORPORATION FOR FINANCIAL FREEDOM MANAGEMENT.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation are:

1300 Executive Center Drive
Suite 101
Tallahassee, Florida 32301

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100, at one dollar per share par value.

ARTICLE IV: INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent are:

Bruce A. Leinback
1669 Mahan Center Boulevard
Tallahassee, Florida 32308

ARTICLE V: INCORPORATORS

The names and addresses of the Incorporators of these Articles of Incorporation are:

| <u>Name</u> | <u>Address</u> |
|-----------------|------------------------------------------------|
| Bill V. Hopkins | Route 4, Box 4839 Monticello, Florida 32344 |
| John S. Hopkins | Route 4, Box 4839 Monticello, Florida 32344 |

ARTICLE VI: INITIAL BOARD OF DIRECTORS/OFFICERS

This corporation shall have two directors/officers initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one.

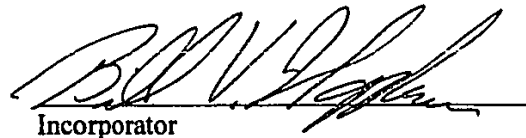
The names and addresses of the initial directors/officers of this corporation are:

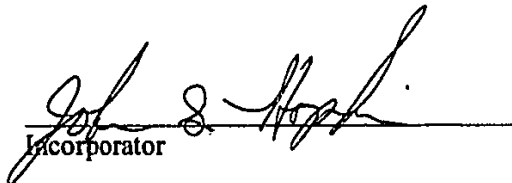
| <u>Name</u> | <u>Address</u> |
|-------------------------------------------------|------------------------------------------------|
| Bill V. Hopkins President and Treasurer | Route 4, Box 4839 Monticello, Florida 32344 |
| John S. Hopkins Vice President and Secretary | Route 4, Box 4839 Monticello, Florida 32344 |

ARTICLE VIII: AMENDMENT OF ARTICLES

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any rights conferred upon the shareholders are subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporators have executed these Articles of Incorporation this 11th day of August, 1997.


Incorporator


Incorporator

STATE OF FLORIDA
COUNTY OF LEON

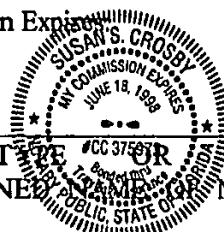
BEFORE ME, the undersigned authority, personally appeared BILL V. HOPKINS and JOHN S. HOPKINS to me known to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged to and before me that they executed such instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11th day of August, 1997.

Susan A. Crosby
NOTARY PUBLIC
State of Florida

My Commission Expires

PRINT, TYPE OR STAMP
COMMISSIONED NAME OF NOTARY
PUBLIC



PERSONALLY KNOWN: OR ☒ PRODUCED IDENTIFICATION

TYPE OF IDENTIFICATION PRODUCED: Florida Drivers' Licenses

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in that capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as Registered Agent.

Bruce A. Leinback 8/11/97
Bruce A. Leinback Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA