**Charter Number Only** Requestor's Name 0 Address N L Y City State Phone

CORPORATION(S) NAME

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Profit NonProfit	( ) Amendment	() Merger	
) Foreign	( ) Dissolution	( ) Mark RID.	
) Limited Partnership ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent	
Certified Copy	( ) Photo Copies	( ) Certificate Under Seal	
Call When Ready Walk in ( ) W	( ) Call If Problem	( ) After 4:30 ( ) Mail Out	-

Examiner Updater Varifier Acknowledgment W.P. Verifier

CR2E031 (R8-85)

### ARTICLES OF INCORPORATION

of

FreeMax Family Ent	ernrises Inc	
	(name of corporation)	<u> </u>
The undersigned subscriber(s) to these Arti corporation under the laws of the State of F	cles of Incorporation, natural person(s) comp	SECONOMIA SECONOMIA
The name of the corporation is:	ARTICLE I - CORPORATE NAME	AMII: 13
FreeMax Family Enter	prises, Inc.	>·
This corporation shall exist perpetually unle	ARTICLE II - DURATION ss dissolved according to Florida law.	
	ARTICLE III - PURPOSE	
The corporation is organized for the purpose United States and the State of Florida.	of engaging in any activities or business per	mitted under the laws of the
	ARTICLE IV- CAPITAL STOCK	
The corporation is authorized to issuefif Dollar(s) (\$) par value Cor	ty million shares (50,000 p00) mmon Stock, which shall be designated "Cor	0 ) \$.001 nmon Shares".
ARTICLE V - 1	INITIAL REGISTERED OFFICE AND AGE!	$\forall T$
The street address of the Initial Registered A	gent office and the name of the Initial Registe	ered Agent at that office is:
NAME Sharon L. Freeman		
ADDRESS 1200 S.W. 19th Ave.		
CITY Boca Raton	FLORIDA	ZIP 33486
The principal office, if known, or the mailing	address of the corporation is:	-
NAME FreeMax Family Enterpr	ises, Inc.	
ADDRESS 1200 S.W. 19th Ave.		
CITY Boca Raton	FLORIDA	ZIP 33486

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

CITY	Macon	STATE Georgia	ZIP 31204
ADDRESS	3191 B. South Brookwood Dr.		
NAME	Traci L. Freeman		
CITY	Boca Raton	STATE Florida	ZIP 33486
ADDRESS	1200 S.W. 19th Ave		
NAME	Kyle G. Freeman		
CITY	Boca Raton	STATE Florida	ZIP 33486
ADDRESS	1200 S. W. 19th Ave.		
NAME	Sharon L. Freeman		

#### ARTICLE VI I - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Sharon L. Freeman	<del>,_</del> ,		
ADDRESS	1200 S.W. 19th Ave			
CITY	Boca Raton	STATE	Florida	ZIP 33486
NAME				
ADDRESS				
CITY		STATE		ZIP
NAME				
ADDRESS		·	467	- <u>4:</u> -
CITY		STATE		ZIP

day of To	subscriber(s) have executed these Articles of Incorporation this 18th
	Land Tree (Seal)
	Sharon L. Freeman (Seal)

(Seal)

# CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

## CERTIFICATE OF REGISTERED AGENT OF

FreeMax	Family	Enterprises,	Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1200 S. W. 19th Avenue		
Boca Raton, FL 33486	<del></del> 3	
has named <u>Sharon L. Freeman</u>	ALLA SECRI	
located at the aforesaid address, as its Registered Agent to accept service of processing	A WILL	<del>"</del>
this state.		NA CONTRACTOR
ACKNOWLEDGEMENT		

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Sharon I. Freeman
(registered agent)