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Florida Department of State  
Division of Corporations  
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To: Effective Date 4/10/14  
Division of Corporations  
Fax Number : (850) 617-6383

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Phone : (305) 634-3694  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.  
LIBERTY REGIONAL CENTER OF NEW JERSEY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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APR 14 2014  
J. HARRIS

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Liberty Regional Center of New Jersey, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian R. Hersh, Esquire  
Name of Person

Law Office of Brian R. Hersh  
Firm/Company

1541 Brickell Avenue, Ste. C-1407  
Address

Miami, Florida 33129  
City/State and Zip Code

bhershlaw@aatt.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariel Quiros at (305) 579-9082  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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04/11/2014 14:38 3056339696

Effective Date 4/10/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Liberty Regional Center of New Jersey, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

111 N.E. 1st Street  
4th Floor  
Miami, Florida 33132

111 N.E. 1st Street  
4th Floor  
Miami, Florida 33132

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Brian R. Harsh, Esquire  
Name

1541 Brickell Avenue, Ste. C-1407  
Florida street address (P.O. Box NOT acceptable)

Miami City FL 33129 Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this 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 as provided for in Chapter 605, F.S.*

[Signature]  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>Ariel Quiros, AMBR</u>	<u>Ariel Quiros</u> <u>111 N.E. 1st Street, 4th Floor</u> <u>Miami, Florida 33132</u>
<u>Ariel Quiros, MGR</u>	<u>Ariel Quiros</u> <u>111 N.E. 1st Street, 4th Floor</u> <u>Miami, Florida 33132</u>
_____	_____
_____	_____

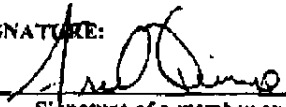
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 10, 2014 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

Ariel Quiros  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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