

Trust

P210000000042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

JUN 22 2021

T. SCOTT



000368010170

06/11/21--01003--014 **953.75

FILED
2021 JUN 11 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Liberty Dollar Financial Trust

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

FEES:

Declaration of Trust	\$350.00
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OPTIONAL:

Certified Copy	\$ 8.75
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FROM: Admiral M. McCullers

Name (Printed or typed)

16964 140th Street

Address

Live Oak, FL 32060

City, State & Zip

386-590-3533

Daytime Telephone number

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

Liberty Dollar Financial Trust

A Business TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining
Common Law Declarations of Trust, the undersigned, the Chairman of the
Board of Trustees of Liberty Dollar Financial Trust

(Name of Trust)
Business _____ Trust hereby affirms in order to file or qualify
(State)
Liberty Dollar Financial Trust, in the State of Florida.
(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is 9392 200th Street, O'Brien, FL 32071

3. The registered agent and street address in the State of Florida is:
Admiral M. McCullers

16964 140th Street, Live Oak, FL 32060

4. Acceptance by the registered agent: Having been named as registered
agent to accept service of process for the above named Declaration of Trust
at the place designated in this affidavit, I hereby accept the appointment as
registered agent and agree to act in this capacity.

Admiral M. McCullers

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of
Trust under which the association proposes to conduct its business in
Florida.

Eileen T. Long 6/8/21

NOTARY

Katherine Hicks

Name:

Chairman of the Board of Trustees



EILEEN T. LONG
Commission # GG 196148
Expires May 13, 2022
Bonded Thru Budget Notary Services
CR2E063(3/00)

Filing Fee: \$350.00
Certified Copy: \$ 8.75 (optional)

Suwannee County
Florida

2021 JUN 11 AM 11:48
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

Certification of Trust by Trustee

State of Florida
County of Suwannee

To Renasant Bank:

The undersigned, trustee, being first duly sworn, certifies that a Trust exists and states as follows:

Name of Trust. The name of the trust is: LDE Business Trust

Creation of Trust. The trust was created on 12-30-20

Trustees. The name of the Trustees currently acting for the Trust is: KATHERINE HICKS
AND TALENA J. PRESLEY

Successor Trustees. The Trust names successor trustees in the following order:

✓ No Successor Trustee(s) are named.

Conditions for Succession of Trustees. Please check and complete as appropriate with respect to the successor Trustees (if any) named by the Trust:

 The attached are true and correct copies of (list number of pages) pages of the trust instrument which set forth the conditions for succession of the successor Trustee(s).

 The following are the conditions for succession of the successor Trustee(s). (Attach and initial a description of the conditions copied exactly from the trust instrument.)

 A third party may rely on the authority of one (1) or more successors without proof of their succession.

Revocability of Trust. The trust is (Check one)

✓ Revocable Irrevocable

The person(s) holding the power to revoke the trust are indicated below (Check one):

 The Grantors

✓ All the acting Trustee(s)

 Other (Identify below by name and relation to the Trust, i.e. Settlor or Trustee)

Powers of Trustee. Please select one of the following:

☒ The attached are true and correct copies of _____ (list number of pages) pages of the trust instrument which list relevant powers of the Trustee(s).

☐ The following are the power of the Trustee(s) to manage trust property. (Attach and initial a list of powers relevant to the relationship of the trust to Renasant Bank copied exactly from the trust instrument.)

Tax Identification Number. The tax identification number of this trust is 85-6802859

Manner in Which Title To Assets Should Be Taken. Title to trust assets should be taken or held in the following form:

LOCATED IN A RENESANT BANK ACCT.

No Revocations, Modifications, or Amendments. The trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this certification of trust to be incorrect.

Signed by All Currently Acting Trustees. This certification is being signed by all of the currently acting trustees of the trust.

Accuracy. This certification of trust is a true and accurate statement of the matters referred to herein.

Signature Authority. If there are two or more trustees named, (please select one of the following):

☐ All of the trustees are required to sign in order to exercise the powers of the trustee under the trust.

☒ The signature of only one trustee is required to exercise the powers of the trustee under the trust.

Reliance on This Certification. This certification is made in accordance with the following law (Select one)

☐ Mississippi Code SEC. 91-8-1013

☐ Tennessee Code SEC. 35-15-1012 and SEC. 35-15-1013

☐ Alabama Code SEC. 19-3B-1013

☐ Georgia Code SEC. 53-12-280

☒ Florida Code SEC. 736.1017

Acknowledgment. The undersigned acknowledges and agrees that Renasant Bank is acting in reliance on this certification without further inquiry of the existence of the facts and representations set forth herein and without actual knowledge that those facts and representations are incorrect, regardless of whether Renasant Bank has been provided with a copy of the trust agreement. The undersigned further acknowledges and agrees that Renasant Bank shall not be liable to any person for any transaction accepted or made in reliance on this certification.

Indemnity. In order to further induce Renasant Bank to act in reliance on this certification, and as additional consideration for any of the transactions entered into or made as a result of this certification, the undersigned does hereby further agree in his individual and trustee capacity to indemnify and hold Renasant Bank, its directors, officers and employees free and harmless from any and all claims, demands, losses, damages, and expenses (including, without limitation, attorney fees) of any kind or nature whatsoever resulting or arising from the reliance of Renasant Bank upon this certification or the inaccuracy of any of the facts and representations set forth herein.

I declare under penalty of perjury under the laws of the State of Florida that the foregoing is true and correct.

Date: 12-30-20

Katherine Hicks
[Signature of Trustee]

Katherine Hicks
(Printed name)

Taleena J. Presley
[Signature of Trustee]

TALEENA J. PRESLEY
(Printed name)

Acknowledgment. The undersigned acknowledges and agrees that Renasant Bank is acting in reliance on this certification without further inquiry of the existence of the facts and representations set forth herein and without actual knowledge that those facts and representations are incorrect, regardless of whether Renasant Bank has been provided with a copy of the trust agreement. The undersigned further acknowledges and agrees that Renasant Bank shall not be liable to any person for any transaction accepted or made in reliance on this certification.

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I declare under penalty of perjury under the laws of the State of Florida that the foregoing is true and correct.

Date: 12-30-20

Katherine Hicks
[Signature of Trustee]

Katherine Hicks
(Printed name)

Talena S. N
[Signature of Trustee]

TALENA J. PRESLEY
(Printed name)

Renasant Bank
Ocala Cascades
1409 East Silver Springs Boulevard
Ocala, FL 34470

Ownership of Account - Personal

- ☐ Single-Party Account
☐ Multiple-Party Account
☐ Multiple-Party Account - Tenancy by the Entireties
☐ Other _____

Rights at Death (Select One)

- ☐ Single-Party Account
☐ Multiple-Party Account With Right of Survivorship
(and not as tenants in common)
☐ Single-Party Account With Pay On Death
☐ Multiple-Party Account With Right of Survivorship
and Pay On Death

Pay-On-Death Beneficiaries. To Add Pay-On-Death Beneficiaries Name One or More:

Ownership of Account - Business/Other

- ☐ Sole Proprietorship ☐ Single Member LLC ☐ Partnership
☐ LLC-enter tax classification (☐ C Corp ☐ S Corp ☐ Partnership)
☐ C Corporation ☐ S Corporation ☒ Trust ☐ Estate
☐ _____

Business:

County & State
of Organization: Florida

Authorization Dated: 12/30/2020

DATE OPENED 12/30/2020 BY Emily N Burrell

INITIAL DEPOSIT \$ 50.00

☐ CASH ☐ CHECK ☒ _____

HOME TELEPHONE # (386) 209-7679

BUSINESS PHONE # _____

DRIVER'S LICENSE # _____

E-MAIL _____

EMPLOYER _____

MOTHER'S MAIDEN NAME _____

Name and address of someone who will always know your location: _____

Backup Withholding Certifications

(If not a "U.S. Person", certify foreign status separately)

TIN: 85-6802859

☒ Taxpayer I.D. Number -

The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ Backup Withholding. I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ Exempt Recipients. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

☐ FATCA Code. I am exempt from FATCA reporting under the Internal Revenue Service Regulations. FATCA exempt reporting code (if any) _____

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

x Katherine Hicks 12-30-20
(Date)

ACCOUNT
NUMBER 8010785393

ACCOUNT OWNER(S) NAME & ADDRESS

Liberty Dollar Financial Trust
9392 200th St
O'Brien FL 32071

TYPE OF ACCOUNT
☒ NEW ☐ EXISTING
☒ CHECKING ☐ SAVINGS
☐ MONEY MARKET ☐ CERTIFICATE OF DEPOSIT
☐ NOW ☐ _____

This is your (check one):

☒ Permanent ☐ Temporary account agreement.

Number of signatures required for withdrawal 1

FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☒ NO

[X]

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- ☒ Deposit Account Agreement ☒ Truth in Savings ☒ Privacy
☒ Electronic Fund Transfers ☒ Funds Availability
☒ Common Features ☒ Substitute Checks
☒ Acknowledgement of Arbitration

(1): [X] Katherine Hicks

Katherine Hicks - Trustee

I.D. # ***-**-0859 D.O.B. 06/16/1972

(2): [X] Talena S. N

Talena Presley - Trustee

I.D. # ***-**-9100 D.O.B. 12/16/1946

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

(5): [X]

I.D. # _____ D.O.B. _____

Liberty Dollar Financial Trust

Amendment 1| April, 2021

Whereas the former Trustee Talena Jay Presley has by her own free will transferred her shares of the Liberty Dollar Financial Trust to BVNH Business Trust and has resigned as Trustee for reasons of her own, the Beneficiaries of the Liberty Dollar Trust raise no objection to the following:

The undersigned Katherine Hicks is hereby appointed Sole Trustee of the Florida Common Law Business Trust known as and for the purpose of conducting business under the name of Liberty Dollar Financial Trust, a Private Membership Association, which is a provider of services to its Members only related to Financial Transactions and Storage of Value, to manage the interests thereof under the following terms and conditions:

Location: the office of the Liberty Dollar Financial Trust shall be located at 9392 200th Street, O'Brien FL, and

Trustees: there shall be one Trustee, the aforementioned Katherine Hicks who shall own and control the Trust in her own person and

Shares: there shall be one hundred shares of the Trust, owned by the Beneficiaries according to the schedule herebelow:

35 Share to Hicks Business Trust, a Florida Business Trust,

35 Shares to BVNH Business Trust, a Florida Business Trust,

30 Shares to Ferrous Metals Trust, a Kentucky Business Trust,

and

Management: the day to day operations of the Trust shall be managed by the Trustees, Katherine Hicks, serving as General Manager, and

Dividends: the Trustee may declare a dividend anytime the income of the Trust shall exceed the expenses thereof, said dividend to consist of one-half (½) of the remaining monies after the payment of operating and business expenses, and dividing equally according to the shares between the beneficiaries the dividend so declared, and

Term: the Trust shall endure for a period of twenty-five years or until dissolved by a unanimous decision of the Trustees, and may be renewed without contest for a like period, and

Meetings: the Trustee shall meet with the Beneficiaries at least once each month to discuss all matters pertinent to the Trust and its operation, and

Decisions: decisions of the Trustee regarding business operations shall be final, and

Powers: the Trustee holds legal title to all property of the Trust, and makes all decisions concerning the use and disposal of such property, and has all necessary rights to make and perform agreements in the name of the Trust, and

Therefore, in her own persons, the Trustee does execute on behalf of the Beneficiaries this Amendment of the Liberty Dollar Trust Agreement as signified by her Autograph affixed below this 26th day of April, 2021.

Katherine Hicks, Trustee

Katherine Hicks

4/26/21
Arin Murphy

