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F03-4084

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		1		
SUBJECT: LIBERTY	Secrety	Bruge, INC		
2 (Name of corporati	on - must include suffix)		
Dear Sir or Madam:				
The enclosed "Application by Forei "Certificate of Existence", and chec to transact business in Florida.				-
Please return all correspondence con	ncerning this matte	r to the following:		
1.16	(Name o	f Person)		 -
/BULD SO	Elinety B	day INC	<u> </u>	.,
26 /200	Firm/Co	ompany)		03 }=
0 10	Add	ress)		<u> 三</u>
Slooks N.	lewfact	11801	sis _e .	- B
	(City/State	and Zip code)	ا المعلق المعلق المعلق	
For further information concerning to	his matter, please	call:	,	
A. benne	at (2/8	254-0005		-
(Name of Person)	(Area	Code & Daytime Telephon	e Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		-
Enclosed is a check for the following	g amount:			
	Filing Fee & Cate of Status	\$78.75 Filing Fee & Certified Copy	3 \$87.50 Filing Fee Certificate of Sta Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Libert Search Grow Tru
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
Name to the
2
(State or country) under the law of which it is incorporated) (FEI number, if applicable)
4. 1/10/2003 5. PEXDECTIAL
(Date of incorporation) (Duration: Xear corp. will cease to exist or "perpetual")
6. Upor OUS/FLADON
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
- It laver Treas Repts Newser 11201
(Brincipal office address)
Ome
>/01/10
(Current mailing address)
8 SELLAT SELLICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
GONDO LAPROMINA
Name: OCONGE THE CONTROL
Office Address: SSO4 WIN AND WAY
LUTZ, Florida 3354P
(City) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this canacity. I

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

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRE	CTORS				-
Chairman:			· · · · · · · · · · · · · · · · · · ·		
Address:					
_					
Vice Chair	man:		· · · · · · · · · · · · · · · · · · ·		:
_					
Director:				-	
_					
Director:					
_		,			
B. OFFI	CERS / / /				- - 11
President:	THAMPHY L. BEISTIK			· · · · · · · · · · · · · · · · · · ·	. + .2.
Address: _	4 Chargowich Caro	<u> </u>	7 .	<u>Ω</u> ≽	
_	MIDDLETOUN, M.T OTTYS				
Vice Presid	lent:		<u>, -, -, -, -, -, -, -, -, -, -, -, -, -,</u>	.3*	
Address: _		<u> </u>	,		ਹੱ. - :
_	A			<u>~</u>	7
Secretary:	HONEY MARTINER				
Address: _	468 Stepen Soca BKIN,	My	11231		`
Treasurer:	Some to Bare				· ·
Address: _					
NOTE: I	f necessary, you may attach an addendum to the application li	sting additional o	officers and/or dir	ectors.	·
13	My On the second	1: 1: 1	10 64 1		
	(Signature of Chairman, View Chairman, or any officer	listed in number	12 of the applicat	10n)	· * *;
14	(Typed or printed name and capacity of person	sionino annlicati	ion)		

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of LIBERTY
- SECURITY GROUP INC. was filed on 01/10/2003, with perpetual duration, and
that a diligent examination has been made of the Corporate index for
documents filed with this Department for a certificate, order, or record
of a dissolution, and upon such examination, no such certificate, order
or record has been found, and that so far as indicated by the records of
this Department, such corporation is a subsisting corporation.

I further certify, that no other documents have been filed by such Corporation.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of June two thousand and three.

Secretary of State

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