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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

DEC 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liberty Mechanical Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lori Moore

Name of Person

Cape Coral Accounting Service LLC

Firm/Company

3501-212 Del Prado Blvd

Address

Cape Coral FLorida 33904

City/State and Zip code

lmoore@capecoralaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Moore

239

542-2558

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
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. Liberty Mechanical Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wisconsin 3. 45-3069816
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 14, 2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. December 1, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3524 SE 4th Ave Cape Coral Florida 33904
(Principal office address)
- PO Box 151486 Cape Coral FLorida 33915
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Lori Moore
- Office Address: 3501-212 Del Prado Blvd
- Cape Coral, Florida 33904
(City) (Zip code)

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9. 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 capacity. I 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.

Lori Moore

(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Brenna Purnell

Address: PO Box 151486

Cape Coral Florida 33915

Director: Thomas Purnell

Address: PO Box 151486

Cape Coral Florida 33915

B. OFFICERS

President: Brenna Purnell

Address: PO Box 151486

Cape Coral Florida 33915

Vice President: Thomas Purnell

Address: PO Box 151486

Cape Coral Florida 33915

Secretary: Thomas Purnell

Address: PO Box 151486

Treasurer: Brenna Purnell

Address: PO Box 151486

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  Brenna Purnell

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Brenna Purnell

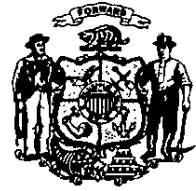
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, do hereby certify that

LIBERTY MECHANICAL, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 14, 2007.

I further certify that the Articles of Organization, filed May 14, 2007, under the name LIBERTY MECHANICAL LLC; and, a Certificate of Conversion, filed August 10, 2011, changing the name to the present name of LIBERTY MECHANICAL, INC. are the only charter documents filed with this department for said corporation.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on November 17, 2015.

GEORGE PETAK, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BY: