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Requester's Name		•	
1406 Hays St., Suite 2			<u></u>
Address	,	•	
City/State/Zip Pho	350) 878-4734 ne# athi/Brent		
		Office Use Only	
CORPORATION NAME(S) & DO	CUMENT NUMBER	K(S), (if known):	
1. 1st Liberty Banke (Corporation Name)	115 Group, LL	ent#) 300004 -06/25	438863-2 701-01061-019
Corporation Name)	(Docum		55.00 ****155.00
3. (CO.PO.LLILL)	1-141092	.,	
(Corporation Name)	(Docum	ent #)	· , -
ł(Corporation Name)	(Docum	ent #)	· · · · · · · · · · · · · · · · · · ·
Walk in Pick up time	6/25	Certifie	Copy 2
Mail out Will wait	Photocopy	Certifica	e of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Change of		JUN 25 SRETARY SAHASSE
OTHER FILINGS	REGISTRAT	ION/QUALIFICATION	ON FS F
Annual Report Fictitious Name	Foreign Limited P Reinstater Trademark	nent	ON FEBRUARY OF STATE
		Examiner'	s Initials

CR2E031(7/97)

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 25, 2001

CAPITOL SERVICES, INC.

SUBJECT: 1ST LIBERTY BANKERS GROUP, LLC Ref. Number: W01000014693

We have received your document for 1ST LIBERTY BANKERS GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Division of Banking, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Division of Banking, resubmit the document and approval letter to the Division of Corporations for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Trevor Brumblev Document Specialist

Letter Number: 101A00038308

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1st Liberty Group, LLC

ARTICLE II - Address:

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

35 Deerpath Drive Oldsmar, Florida 34677

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

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

Charles Keith Byington 8242 31ST Terrace North St. Petersburg, Florida 33710

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 provision 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 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Signature of a member of an authorized representative of member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Charles Keith Byington
Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)