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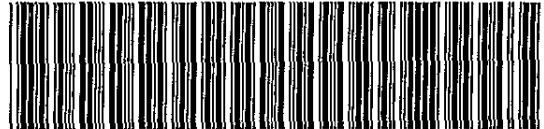
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800019852928

06/27/03--01065--001 **125.00

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03 JUN 27 AM 8:00
SECURITY SERVICE
FALLS CHURCH, VA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liberty Associates, 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:

Doug McVay
(Name of Person)

AGF & Assoc
(Firm/Company)

619 N Dixie
(Address)

Lake Worth, FL 33460
(City/State and Zip Code)

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03 JUN 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Doug McVay at (561) 582-5129
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:
LIBERTY ASSOCIATES,LLC

ARTICLE II - Address:

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

Principal Office Address:

**619 N. DIXIE HIGHWAY
LAKE WORTH, FL 33460**

Mailing Address:

**619 N. DIXIE HIGHWAY
LAKE WORTH, FL 33460**

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

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

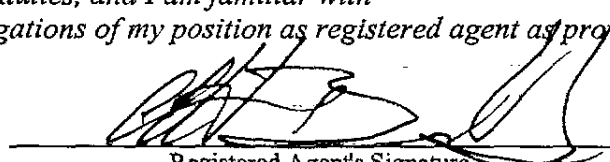
CLIFFORD J BROADLEY
Name

619 N DIXIE HWY
Florida street address

LAKE WORTH, FLORIDA 33460
City, State, and Zip

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03 JUN 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CLIFFORD J BROADLEY
619 N DIXIE HWY
LAKE WORTH, FL 33460

MGRM

SHIRLEY HODGSON
619 N DIXIE HWY
LAKE WORTH, FL 33460

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 27 AM 8:00

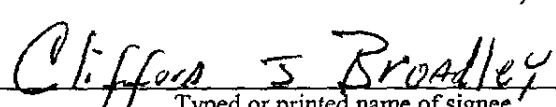
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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a 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.)


Typed or printed name of signee