L07000085975

(Re	equestor's Name)	
(Ad	ldress)	,
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number) Certificates	;
Special Instructions to	Filing Officer:	

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SECRETARY OF SEALOHS DIVISION OF CURPORALIONS

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: Liberty	/ Homes Manag	gement LL(С	
SUBJECT.		ed Liability Compa		
The enclosed Articles of	Organization and fee(s) are	submitted for filing	<u>;</u> .	
Please return all correspo	ondence concerning this mat	ter to the following:	:	
Asif Kass	im			
		(Name of Person)		
Liberty H	omes Managen	nent LLC		
		(Firm/Company)	<u> </u>	
12857 W	Colonial Dr.			
-		(Address)		
Winter Ga	arden FL 34787			
<u> </u>	(Cit	y/State and Zip Code)	
For further information c	oncerning this matter, please	e call:		
Asif Kassim		at (_866)	511-78	00
(Name	of Person)		& Daytime Tel	ephone Number)
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exec	ourier Address on Section of Corporation uilding cutive Center Cee, FL 32301	s



FLORIDA DEPARTMENT OF STATE Division of Corporations

07 AUG 22 PM 2: 17

SECHEIME OF STATE TALLAHASSEE, FLORIDA

August 14, 2007

ASIF KASSIM 12857 W COLONIAL DR WINTER GARDEN, FL 34787

SUBJECT: LIBERTY PROPERTY MANAGEMENT LLC

Ref. Number: W07000039560

We have received your document for LIBERTY PROPERTY MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Document Specialist
Registration/Qualification Section

Letter Number: 007A00049579

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Liberty Homes Management LL (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12857 W Colonial Dr. Winter Garden FL 34787	12857 W Colonial Dr. Winter Garden FL 34787
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate an individual or another
The name and the Florida street address of the F	ogistorea agent are.

12857 W Colonial Dr.

Florida street address (P.O. Box NOT acceptable)

Winter Garden, FL 34787

City, State, and Zip

Name

Asif Kassim

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 (REQUIRED)

SECRETARY OF STATE DIVISION OF CHIRPORALIONS

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

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

MGR	Asif Kassim	
	12857 W Colonial Dr. Winter Garden FL 34787	
(Use attachment if necessary)		
IF V. Effective data if other than th	e date of filing:	(OPTION)

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)