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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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EXAMINER



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DIVISION OF CORPORATION

COVER LETTER

Division of Cor				
_{SUBJECT:} Liberty	Appraisal Servic	e, LLC		
Separation		ted Liability Comp	pany)	
The enclosed Articles of	Organization and fee(s) are	submitted for filir	ng.	
Please return all correspon	ndence concerning this mat	tter to the followin	g:	
Bonette Sa	blick			
-		(Name of Person)		
Liberty App	oraisal Service, L	LC		
- 		(Firm/Company)		
925 Gardei	nia Street			
		(Address)	 	
Sebastian,	FL 32958			
	(Ci	ty/State and Zip Cod	le)	
For further information co	oncerning this matter, pleas	e call:		
Douglas Sablick		_ _{at (} _772	_{_)} 589-034	
(Name o	f Person)	(Area Co	de & 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 Filiting Certified Contact (additional contact)	•	\$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	Registra Division Clifton l 2661 Ex	Courier Address tion Section of Corporations Building secutive Center (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:	
Liberty Appraisal Service, LLC		
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
925 Gardenia Street Sebastian, FL 32958	925 Gardenia Street Sebastian, FL 32958	
	Georgian, FE 02330	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	Registered Agent's Signature Registered Agent an individual or another the registered agent are:	SECRETA
Douglas J Sablick	N	27 27 27 27 27 27 27 27 27 27 27 27 27 2
		50 Fig
925 Gardenia Stre	reet 5	Ž
Florida street	et address (P.O. Box NOT acceptable)	•
Sebastian	_{FL} 32958	
City, Stat	tate, and Zip	

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)

(CONTINUED) Page 1 of 2

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

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

IGR	Douglas J Sablick
	925 Gardenia Street
	Sebastian, FL 32958
MGR	Bonette Sablick
	925 Gardenia Street
	Sebastian, FL 32958
Use attachment if necessary)	
EV: Effective date, if other than t	he 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.)

Bonette Sablick

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)