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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NATIONAL REGISTERED AGENTS, INC.
Account Number : I20030000062
Phone : (609)716-0300
Fax Number : (609)716-0820

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______________________________

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Liberty Partners of Tallahassee, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

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TALLAHASSEE, FLORIDA

FILED
09 DEC 15 AM 7:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
DEC 16 2009
EXAMINER

December 15, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NATIONAL REGISTERED AGENTS INC

SUBJECT: LIBERTY PARTNERS OF TALLAHASSEE, LLC
REF: W09000054167

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H09000257454
Letter Number: 109A00038040

12/15/09
See attached correction

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Liberty Partners of Tallahassee, LLC
(Must end with the words "Limited Liability Company," "L.L.C." or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
3749 Four Oaks Blvd	P.O. Box 46
Tallahassee, Florida 32311	Tallahassee, Florida 32302

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Marshall D. Gunn, Jr.
Name

4350 Pablo Professional Court, Suite 200
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32224
City, State, 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..

Marshall D. Gunn, Jr.
By: _____
Registered Agent's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Frog Dog, Inc. P.O. Box 46 Tallahasso, Florida 32302

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Marshall D. Gunn, Jr.
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)

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