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SECRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

	tion Section of Corporations	
SUBJECT:	THE LIBERAL RAG, LLC	
	Name of Limit	ed Liability Company
The enclosed Arti	cles of Organization and fee(s) are	submitted for filing.
Please return all c	orrespondence concerning this matt	er to the following:
	Terri L. Haskins	
		Name of Person
	The Liberal Rag, LLC	
		Firm/Company
	Post Office Box 877	
		Address
	Gainesville, FL 32602	
	Cit	y/State and Zip Code
	liberalrag@cox.net	or future annual report notification)
For further inform	nation concerning this matter, please	•
Terri L.	. Haskins	at (352) 538-2048
	Name of Person	at (352) 538-2048 Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:	
2 \$125.00 Filing	Fee \$\Bigsim\$\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



July 2, 2010

TERRI L. HASKINS POST OFFICE BOX 877 GAINESVILLE, FL 32602

SUBJECT: THE LIBERAL RAG, LLC

Ref. Number: W10000031643

We have received your document for THE LIBERAL RAG, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 410A00016247

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	nited Liability Company	/ is:			
THE LIBERAL I					
(Mus	t end with the words "Limited L	Liability Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Add The mailing address		e principal	office of the Limited Li	ability Company is:	
Principal Office Ac	<u>ldress:</u>	<u>Mail</u>	ing Address:		
408 SW Manatee	Terrace	Pos	st Office Box 877		
Ft. White, FL 3	2038	Ga:			
(The Limited Liability Cor business entity with an ac	npany cannot serve as its own Fitive Florida registration.) lorida street address of t Terri L. Haskins N 4041-B NW 37th E	Registered Age The register ame	e, & Registered Agent's ent. You must designate an indived agent are: O. Box NOT acceptable)	idual or another SECRETAR	FI FO
	Gainesville	FL	32606		
	Cit	y, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Terri L. Haskins

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)