Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001669973)))



H130001669973ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

JULI2 9 2019 L. SELLERS

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number : (800)293-4075

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

Email Address: ___

Robinbkanovan@ gmail.com

RECEIVED

3 JUL 26 PM 2: 49

iecretary of state

FLORIDA LIMITED LIABILITY CO.

Liberty Management Enterprises LLC

The same of the sa	A STATE OF THE PERSON NAMED IN COLUMN 2 IN
Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE

H13000166997

ARTICLES OF ORGANIZATION

	OR
FLORIDA LIMITED I	LIABILITY COMPANY
ARTICLE I - Name The name of the Limited Liability Company is: Liberty Man	agement Enterprises 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:
49 North Federal Highway #326	49 North Federal Highway #326
Pompano Beach, FL 33062	Pompano Beach, FL 33062
ARTICLE III - Registered Agent, Registered Office The name and Florida street address of the registered agent are:	
The name and Florida street address of the registered agent are:	
The name and Florida street address of the registered agent are:	Name
The name and Florida street address of the registered agent are: Jeffrey Schuler 49 North Federal H	Name
The name and Florida street address of the registered agent are: Jeffrey Schuler 49 North Federal H	Name lighway #326 Mail Drop Box <u>NOT</u> Acceptable)
The name and Florida street address of the registered agent are: Jeffrey Schuler 49 North Federal H (P.O. Box or P	Name lighway #326 Mail Drop Box <u>NOT</u> Acceptable)
The name and Florida street address of the registered agent are: Jeffrey Schuler 49 North Federal H (P.O. Box or F	Name lighway #326 Mail Drop Box NOT Acceptable) FL 33062 City / State / Zip) Ice of process for the above stated limited liability company the appointment as registered agent and agree to act in this listatutes relating to the proper and complete performance

H13000166997

	Manager(s) or Managing Member(s): H13000166997 ss of each Manager or Managing Member is as follows:
Title: "MGR"≖Manager "MGRM"≔Managir	Name and Address: ng Member
_MGR	Robin Branovan - 1125 S. Flagler Avenue #515, Pompano Beach, FL 33060
(Use attachment if ne	cessary)
REQUIRED SIGN	Signature of a member or 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.)
	Robin Branovan
	Typed or printed name of signee

FILED
13 JUL 26 AM II: 05
SECRETARY OF STATE