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October 11, 2016

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **Liberty Law Firm, PL**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Liberty Law Firm, PL**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

☐ \$125.00  
Filing Fee

☐ \$130.00  
Filing Fee &  
Certificate of Status

☒ \$155.00  
Filing Fee &  
Certified Copy  
(additional copy enclosed)

☐ \$160.00  
Filing Fee,  
Certified Copy &  
Certificate of Status  
(additional copy enclosed)

Please do not hesitate to call me at (850) 508-0996 if you have any questions. We would appreciate your including the following email address in your records for purposes of annual report notification and other notices provided by your office:

Murray@mwadsworth.com

Thank you in advance for your usual assistance in these matters.

Sincerely,

Murray M. Wadsworth, Jr.

Enclosures  
024177.160641

## ARTICLES OF ORGANIZATION

OF

LIBERTY LAW FIRM, P.L.L.C.

### ARTICLE I – NAME

The name of the limited liability company is Liberty Law Firm, P.L. (herein the **Company**).

### ARTICLE II – ADDRESS

The mailing and street address of the principal office of the limited liability company is:

Principal Office Address:

241 John Knox Road, Suite 200  
Tallahassee, FL 32303

Mailing Address:

241 John Knox Road, Suite 200  
Tallahassee, FL 32303

### ARTICLE III - REGISTERED AGENT

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

MURRAY M. WADSWORTH, JR.  
NAME

241 John Knox Road, Suite 200,  
FLORIDA STREET ADDRESS

TALLAHASSEE, FL 32303  
CITY STATE ZIP

RECORDED  
TALLAHASSEE, FLORIDA

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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 605, F.S.

  
Registered Agents Signature

#### ARTICLE IV – MANAGEMENT

The name and address of each person authorized to manage and control the Company:

Title:

Name and Address:

AMBR

Murray M. Wadsworth, Jr.  
241 John Knox Road, Suite 200  
Tallahassee, FL 32303

#### ARTICLE V – PURPOSE

The purpose of the Company is the practice of law. Members may not be admitted except in accordance with the licensure requirements of Chapter 621, Florida Statutes and the governing documents of the Company.

Signature of Authorized Representative of the Company – by my signature below, I confirm that this document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, F.S.:



Murray M. Wadsworth, Jr., Authorized Agent