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Florida Department of State  
Division of Corporations  
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(((H18000238389 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
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Phone : (800)494-3124  
Fax Number : (305)675-2811

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

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**FLORIDA LIMITED LIABILITY CO.**

**Liberty Farms, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2018 AUG 20 PM 4: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 AUG 20 AM 10: 13  
DIVISION OF CORPORATIONS

H18000238389 3

August 15, 2018

To whom it may concern:

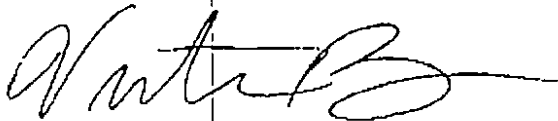
I am manager of LIBERTY FARM, LLC, Doc# M18000005496, an active Foreign Limited Liability Company. I have no intention of filing a withdrawal of authority for the LLC.

I do hereby release the name LIBERTY FARMS, LLC to Victoria Birdsall, who is registering a new Florida Limited Liability Company.

Thank you,



Karen Birdsall  
Manager: Liberty Farm, LLC



Victoria Birdsall  
Manager: Liberty Farms, LLC

City/County of Danbury/Fairfield  
State of Connecticut  
Subscribed and sworn to before me  
this 17 day of August, 2018  
by VICTORIA BIRDSALL  
Ruben A. Sasso Notary Public  
My commission expires 3/31/2020



Arthur R. Sasso  
Notary Public Connecticut  
Commission No. 141030  
My Commission Expires 3/31/2020



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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION.

H18000238389 3

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

LIBERTY FARMS, LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

2584 APPALOOSA TRAIL

WELLINGTON, FLORIDA 33414

**ARTICLE III REGISTERED AGENT**

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

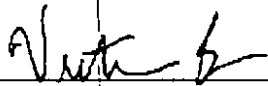
VICTORIA BIRDSALL

2584 APPALOOSA TRAIL

WELLINGTON, FLORIDA 33414

*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.*

X



VICTORIA BIRDSALL / Registered Agent's signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
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TALLAHASSEE, FLORIDA

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PAGE 2 LIBERTY FARMS, LLC

**ARTICLE IV AUTHORIZED PERSON(S)**

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

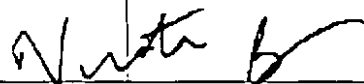
MANAGER

VICTORIA BIRDSALL

2584 APPALOOSA TRAIL

WELLINGTON, FLORIDA 33414

.....

x 

VICTORIA BIRDSALL / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 s.817.155, F.S.)

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