

10/4/2018

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**H18000289158**

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To:

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

From:

Account Name : WILSON TAX & ACCOUNTING INC.  
Account Number : 120150000107  
Phone : (941)625-1925  
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FLORIDA  
DEPARTMENT OF STATE  
18 OCT 4 2018  
18 OCT 4 2018  
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**FLORIDA LIMITED LIABILITY CO.**

**Liberty Convenience LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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OCT 05 2018  
C. Kinsel

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Liberty Convenience LLC

(Must contain 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:**

516 S. Brevard Ave  
Arcadia, FL 34266

**Mailing Address:**

519 S. Brevard Ave  
Arcadia, FL 34266

**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:

Abdalrahim Zaben

Name

519 S. Brevard Ave

Florida street address (P.O. Box NOT acceptable)

Arcadia

FL

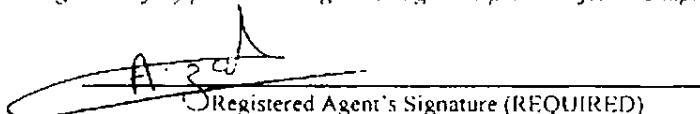
34266

City

State

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 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 OCT 4 2018  
FLORIDA SECRETARY OF STATE  
REGISTRATION  
16:30

#### ARTICLE IV.

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

<b>Title:</b> "AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	<b>Name and Address:</b>  <u>Abdalrahim Zaben</u> <u>519 S. Brevard Ave</u> <u>Arcadia, FL 34266</u>
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(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.)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

#### **ARTICLE VI: Other provisions, if any.**

Any and all lawful business

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**  
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 s.817.155, F.S.

Abdalrahim Zaben 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)**