# M000001009

00789-00524-pole71 #9

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  3/1 FOR CC

Office Use Only

100-1801



200045177262

02/10/05--01029--002 \*\*125.00

1041

05 M/R-1 FH (# 56

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Liberty Partners Financial Services, LLC			
<del></del>	ed Liability Company)		
	oility Company for Authorization to Transact Business in smitted to register the above referenced foreign limited		
Please return all correspondence concerning this ma	etter to the following:		
Jeffery A Fanning			
(Nan	ne of Person)		
Liberty Partners Financial Services, LLC			
(Firr	n/Company)		
5060 California Ave., Suite 542			
(	Address)		
Bakersfield, CA. 93309			
(City/Sta	te and Zip Code)		
For further information concerning this matter, plea	se call:		
Jeffery A Fanning	at ( 623 ) 451-1203		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
409 E. Gaines Street	P.O. Box 6327		
Tallahassee, Florida 32399	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\$130.00 Filing Fee & Certificate of S	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate tatus Certified Copy of Status & Certified Copy		



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 15, 2005

JEFFERY A FANNING LIBERTY PARTNERS FINANCIAL SERVICES, LLC 5060 CALIFORNIA AVE., SUITE 542 BAKERSFIELD, CA 93309

SUBJECT: LIBERTY PARTNERS FINANCIAL SERVICES, LLC

Ref. Number: W05000007851

We have received your document for LIBERTY PARTNERS FINANCIAL SERVICES, 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):

You must complete number 9 of the application, manager/managing members names and addresses.,

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) 245-6967.

Letter Number: 705A00010582

Michelle Hodges Document Specialist

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Alama of Fourier Limits	11 : 13 : 12 : A				
	(Name of Foreign Limited	a Liability Co	mpany)			
California		3, 90-013	9675			
(Jurisdiction under the law of whe company is organized)	ch foreign limited liability			nber, if applicat	ole)	<del></del>
January 1, 2004	-	5. Perpet		\$ 75   170		
(Date of Organizat	ion)	(Durat exist o	ion: Y ear limiter "perpetual")	ed liability comp	any will cease to	) .
December 20, 2004		-			3	
(Date fi (See sect	rst transacted business in ions 608.501 & 608.502 F	Florida, if pri .S. to determ	or to registratione penalty liab	n.) ility)	1	
8695 College Parkway, Suite	226			<u> </u>	<u> </u>	_;11
Ft. Myers, FL. 33919					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(Street Addre	ss of Principa	Office)		<u> </u>	_
Jeff Fanning - Ken Billingsle					_	<u>A</u> 93 933
Attached is an original certificate of gurisdiction under the law of which anslation of the certificate under oath     Nature of business or purple.	h it is organized. (A photocon of the translator must be su	opy is not accommitted.)	ptable. If the ce	rtificate is in a fo	reign language, a	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:  Liberty Partners Financial Services, LLC						
2. The name	e and the Florida street address of the registered agent and office are:					
	Robert A Rossi					
	(Name)					
	8695 College Parkway, Suite 226					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Ft. Myers, FL. 33919 FL City/State/Zip					
liability com, agent and ag relating to th	named as registered agent and to accept service of process for the above stated limited pany at the place designated in this certificate, I hereby accept the appointment as registered aree to act in this capacity. I further agree to comply with the provisions of all statutes be proper and complete performance of my duties, and I am familiar with and accept the of my position as registered agent as provided for in Chapter 608, Florida Statutes.					

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent



### SECRETARY OF STATE.

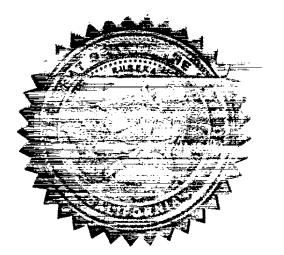
# CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the 1st day of January, 2004, LIBERTY PARTNERS FINANCIAL SERVICES, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 29, 2005.

KEVIN SHELLEY Secretary of State

αb