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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Liberty Reserve Group Li	LC		
(Name of Limi	ted Liability Company)		
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited		
Please return all correspondence concerning this matter to the following:			
Torrey K. Cooper			
(Nar	me of Person)		
Liberty Reserve Group LLC			
(Fin	m/Company)		
2140 Belleair Road			
•	(Address)		
Clearwater, FL 33764			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Torrey K. Cooper	_at (727) 457-7517		
(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of States}	\$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy		

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

	OMPANY TO TRANSACT BUSINESS IN THI	TES, THE POLIDOWING IS SOBMITTED TO REGISTER A POREIG TE STATE OF FLORIDA:
Liberty Res	serve Group LLC	
(Name of Foreig	gn Limited Liability Company; must incl	lude "Limited Liability Company," "L.L.C.," or "LLC.")
16	1. 16. 1	
consent of the manager	rs or managing members adopting the alt	pose of transacting business in Florida and attach a copy of the writte ternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," " Delaware	•	26 1411705
	he law of which foreign limited liability	3. <u>26-1411795</u> (FEI number, if applicable)
May 18, 20	007	5. perpetual
(Date	e of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
November		
	(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	lorida, if prior to registration.) S. to determine penalty liability)
2140 Belle	air Road, Clearwater, I	FL 33764
	(Street Address	s of Principal Office)
3. If limited liabilit	ty company is a manager-managed	d company, check here
. The name and us	sual business addresses of the mar	naging members or managers are as follows:
Torrey K. C	Cooper, 2140 Belleair F	Road, Clearwater, FL 33764
James M.	Anderson, 2140 Bellea	air Road, Clearwater, FL 33764
Ann E. Yar	ro, 2140 Belleair Road,	, Clearwater, FL 33764
ne jurisdiction under the		days old, duly authenticated by the official having custody of records in py is not acceptable. If the certificate is in a foreign language, a smitted.)
1. Nature of busin	ness or purposes to be conducted o	or promoted in Florida: construction management
	James M. Cla	uthorized representative of a member.
	Signature of a member or an au	uthorized representative of a member.
	an affirmation under the penalties of perj	F.S., the execution of this document constitutes of the facts stated herein are true
	James M. Anderson	Manager The P

Typed or printed name of signee

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.

1. The name of the Limited Liability Company is:
Liberty Reserve Group LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Torrey K. Cooper, (Name)
2140 Belleair Road, Clearwater, FL 33764 Florida Street Address (P.O. Box NOT ACCEPTABLE)
FL 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 608, Florida Statutes.

Tony Ognature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIBERTY RESERVE GROUP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIBERTY RESERVE GROUP LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2007.

PILED
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SECRETARY OF STATE ANASSEE, FI GRIDA



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6164492

DATE: 11-15-07

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