# M11000003058

(Requestor's Name)
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,
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PICK-UP WAIT MAIL
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EXAMINER



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2011

BRUCE MICHAELS 667 KENSINGTON PLACE WILTON MANORS, FL 33305

SUBJECT: LIBERATOR MANAGEMENT LLC

Ref. Number: W11000030692

We have received your document for LIBERATOR MANAGEMENT LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, Euly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized; must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 111A00013723

#### COVER LETTER

Division of Corporations	
SUBJECT: LIbreato & Monagemen + LLC.	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce Existence, and check are submitted to register the above referenced foreign limited liability company to transact business	rtificate of in Florida
Please return all correspondence concerning this matter to the following:	
Drue A. Michaels Name of Person	
Liberty Manngement LC.	
667 Kensing for Place.	
Wilten Monore's F1. 33305  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	<b>3</b>
	יה ליים
Drue M. Charl at 954, 214-3807 Frs	
MAILING ADDRESS: STREET ADDRESS:	<u>-</u>
Division of Corporations Registration Section Division of Corporations Registration Section	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate}\$  Certificate of Status  \$155.00 Filing Fee & Certificate of Status  Certificate Opy	

## 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:
1
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Arlemare 3. 90-00637549
2. Jesophe 3. 90-00637549  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. 12/03/20/0 (Date of Organization)  5. Def Defcat (Buration: Year limited liability company will cease to exist or "perpetual")
$\omega/A$
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 667 Kensus for Place
Wilten Monors, Pl. 33305
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Decre A. Michaels - 1007 KEnsugten Plan, Wilten Minnes 17.33
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Le location Consultar
$\sim$
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., 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.)
Deine A. Michiels
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:  Liberton Mon A Emessyl LC.		
If unavailable, the alternate to be used in the state of Florida is:		-
2. The name and the Florida street address of the registered agent and office are:    Local   Complex	SECRETARY OF STATE TALLAHASSEE, FLORIDA	المرزع درا
Having been remed as resistant descriptions of the second		

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 Chapten 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE :

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LIBERATOR MANAGEMENT, 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 THIRTEENTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID 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 "LIBERATOR MANAGEMENT, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2010.

4906953 8300

110716386

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 8829346

DATE: 06-13-11

You may verify this certificate online at corp.delaware.gov/authver.shtml