# M1800008389

(Re	equestor's Name)	
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PICK-UP		MAIL
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(Dc	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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N CULLIGAN SEP 1 3 2018

·	ġ.	۰, . CO	WER LETTER	•
TO: Regi Divis	stration Section sion of Corporatio	0.05		
SUBJECT:	Liberty Opco, LLC			
		Name of	Limited Liability Co	ompany
				on to Transact Business in Florida." Certifica d liability company to transact business in Flo
Please return a	all correspondence	concerning this matter to the	e following:	
	SAM NORTO	N		
		N	lame of Person	
	LIBERTY AN	IMUNITION		
		F	firm/Company	
	2083 58TH A	VENUE CIRCLE EAST SU	ITE B	
			Address	
	BRADENTO	N, FL 34203		
		City/S	State and Zip Code	
	SALES@LIBE	RTYAMMO.COM		
		E-mail address: (to be use	ed for future annual r	eport notification)
For further inf	formation concerni	ng this matter, please call:		
SAN	I NORTON		94) at ()	567-6178 )
	Name	of Contact Person	Area Code	Daytime Telephone Number
Divis Regi P.O.	ILING ADDRESS sion of Corporation stration Section Box 6327 thassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the follo 125.00 Filing Fee	wing amount: D \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee & 🛛 \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2018

SAM NORTON LIBERTY AMMUNITION 2083 58TH AVENUE CIRCLE E SUITE B BRADENTON, FL 34203

SUBJECT: LIBERTY OPCO, LLC Ref. Number: W18000074544

We have received your document for LIBERTY OPCO, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 618A00017011

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www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

#### 1 LIBERTY OPCO, LLC

DEL UNUDE	name adopted for the purpose of transacting business	arronan inca		carriery company, care, or
DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)	
(Jurisdiction under the law of w	nich toreign innated nabinty company is organized)		(rt) a	
n/a				
·	(Date first transacted business in Florida, if p (See sections 605 0904 & 605.0905, F.S. to c	nor to registration letermine penalty	) liability)	
LIBERTY AMMUNI	TION	6.	LIBERTY AMMUNITIC	ON
(Street Address of	Principal Office)		(Matling A	(ddress)
2083 58TH AVENUE	CIRCLE EAST SUITE B		2083 58TH AVENUE C	IRCLE EAST SUITE B
BRADENTON, FL 34	203		BRADENTON, FL 3420	)3
Name and <u>street addre</u> : Name: Office Address:	<ul> <li><u>ss</u> of Florida registered agent: (P.O.</li> <li><u>SAM NORTON</u></li> <li><u>2083 58TH AVENUE CIRCLE E</u></li> </ul>			SEP 11 PT RETARY OF AHASSEE
Name:	SAM NORTON		<u>B</u>	EP 11 RETARY MASSET
Name:	SAM NORTON 2083 58TH AVENUE CIRCLE E BRADENTON (City)			EP 11 Pn 1. RETARY OF SIA MASSEE. FLOR

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Carlos Aam

	2083 58 AVE CIR E STE B BRADENTON, FL 34203		
C00	SAM NORTON	<u></u>	<u></u>
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:

(Registered agent's signature)

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Signature of an authorized person

CARLOS SAM NORTON

Typed or printed name of signee

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### Delaware The First State

Page 1

1, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIBERTY OPCO, 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 SEVENTH DAY OF SEPTEMBER, A.D. 2018.



of Street

Authentication: 203381071 Date: 09-07-18

5994076 8300

SR# 20186481059 You may verify this cartificate online at corp.delaware.gov/authver.shtmi