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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FILING ASSISTANT

2021 DEC 29 AM 12:58

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JAN - 4 2022

M. SOLOMON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Liberty Company Insurance Brokers, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Heather Zuckerman

Name of Person

The Liberty Company Insurance Brokers, LLC

Firm/Company

5955 De Soto Ave. #250

Address

Woodland Hills, CA 91367

City/State and Zip Code

operations@libertycompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Zuckerman

Name of Contact Person

at ( 818 )

Area Code

224-6111

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL

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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. The Liberty Company Insurance Brokers, LLC  
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 27-0063026  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

Company previously filed in 2017 as a corporation. We withdrew as a corporation and are now filing as a  
4. limited liability company and operating in Florida as an LLC in 2021.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5955 De Soto Avenue 6. 5955 De Soto Avenue  
(Street Address of Principal Office) (Mailing Address)

Suite 250 Suite 250

Woodland Hills, CA 91367 Woodland Hills, CA 91367

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Thomas Wallace Moody

Office Address: 725 Progresso Drive

Fort Lauderdale, Florida 33304  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

SECRETARY OF STATE  
CLERK OF COURTS

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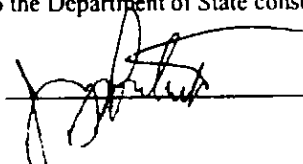
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>William Joseph Johnson, Principal</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jerry Gardner Pickett, CEO</u>
<input type="checkbox"/> Member	Address: <u>5955 De Soto Avenue</u>	<input type="checkbox"/> Member	Address: <u>5955 De Soto Avenue</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 250</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 250</u>
Person	<u>Woodland Hills, CA 91367</u>	Person	<u>Woodland Hills, CA 91367</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Joan Johnson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5955 De Soto Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 250</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Woodland Hills, CA 91367</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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  
Jerry Gardner Pickett, CEO  
\_\_\_\_\_  
Typed or printed name of signee

2021 DEC 29 11:12:58  
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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE LIBERTY COMPANY INSURANCE BROKERS, 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 NINTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LIBERTY COMPANY INSURANCE BROKERS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



4910017 8300

SR# 20214041772

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204929974

Date: 12-09-21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2021

HEATHER ZUCKERMAN  
THE LIBERTY COMPANY INSURANCE BROKERS, L  
5955 DE SOTO AVE. #250  
WOODLAND HILLS, CA 91367

SUBJECT: THE LIBERTY COMPANY INSURANCE BROKERS, INC.  
Ref. Number: W21000121679

We have received your document for THE LIBERTY COMPANY INSURANCE BROKERS, INC. and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,055.00.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 721A00021615

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DEC 20 2021

[www.sunbiz.org](http://www.sunbiz.org)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2021

HEATHER ZUCKERMAN  
THE LIBERTY COMPANY INSURANCE BROKERS, L  
5955 DE SOTO AVE. #250  
WOODLAND HILLS, CA 91367

SUBJECT: THE LIBERTY COMPANY INSURANCE BROKERS, INC.  
Ref. Number: W21000121679

We have received your document for THE LIBERTY COMPANY INSURANCE BROKERS, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

For line number 4, you can make a statement indicating that your company was previously filed in 2017 as an Inc and that you withdrew the company and am filing as an LLC and operating in Florida as an LLC in 2021. This would release the penalty fees.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 721A00025027