

P0300024772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

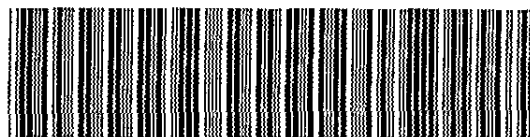
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Liberty Telcom, Inc.

(PROPOSED CORPORATE NAME - ~~MUST INCLUDE SUFFIX~~)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Patrick O'Halloran

Name (Printed or typed)

8655 Naples Heritage Dr. Unit 311

Address

Naples, FL 34112

City, State & Zip

(239) 417-1712

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Liberty Telcom, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8655 Naples Heritage Dr. Unit 311
Naples, FL 34112

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Patrick J. O'Halloran
8655 Naples Heritage Dr. Unit 311
Naples, FL 34112

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Patrick J. O'Halloran
8655 Naples Heritage Dr. Unit 311
Naples, FL 34112

ARTICLE VII INCORPORATOR

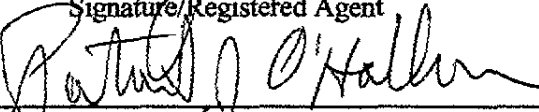
The name and address of the Incorporator is:

Patrick J. O'Halloran
8655 Naples Heritage Dr. Unit 311
Naples, FL 34112

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

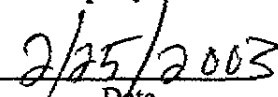


Signature/Incorporator

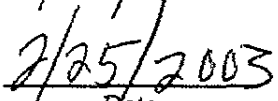
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Date



Date