

PI0000102984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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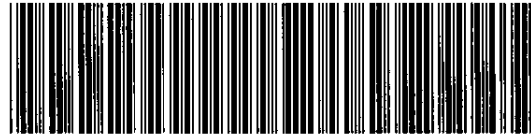
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/22/10--01002--009 **78.75

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2010 DEC 22 PM 4:42

CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 23 2010

COVER LETTER

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

SUBJECT: Liberation Management, 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: Edgar Weil

Name (Printed or typed)

9604 Tavistock Court

Address

Orlando, FL 32827

City, State & Zip

614-563-6113

Daytime Telephone number

eweil@aol.com

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

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: Liberation Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9604 Tavistock Court
Orlando, FL 32827

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business including, but not limited to, management services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edgar Weil - President
Address: 9604 Tavistock Court
Orlando, FL 32827

Name and Title: _____
Address: _____

Name and Title: Myra Weil - Vice President
Address: 9604 Tavistock Court
Orlando, FL 32827

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

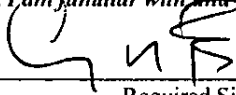
Name: Carey N. Bos
Address: 723 E. Colonial Dr., Suite 400
Orlando, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edgar Weil
Address: 9604 Tavistock Court
Orlando, FL 32827

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

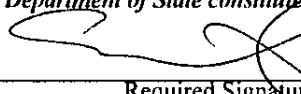


Required Signature/Registered Agent

12/18/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

12/18/10

Date

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Address: _____

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Address: _____

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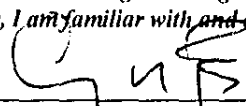
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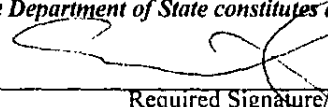


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DEPARTMENT OF STATE
FALLS APPEAL IN OFFICE