

P11000040101

(Requestor's Name)

(Address)

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4-26-11

COVER LETTER

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

SUBJECT: LIBERTY DEBT & PROPERTY 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: EMORY EUGENE EXUM

Name (Printed or typed)

7299 CHARLIES PLACE

Address

BROOKSVILLE, FL 34601

City, State & Zip

(352) 428-2521

Daytime Telephone number

e36befree@yahoo.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:

LIBERTY DEBT & PROPERTY MANAGEMENT ,inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7299 CHARLIES PLACE
BROOKSVILLE, FL 34601

Mailing address, if different is:

P. O. BOX 9249
MASARYKTOWN, FL 34604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **1000 SHARES AT \$0.00 PAR VALUE PER SHARE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **EMORY EUGENE EXUM**

Address: **PRESIDENT**
7299 CHARLIES PLACE
BROOKSVILLE, FL 34601

Name and Title: **WILLIAM WARREN PALMER**

Address: **V. PRESIDENT, SECRETARY, TREASURER**
384 LARENCE HARRIS HWY.
SLOCOMB, AL 36375

Name and Title: _____

Address: _____

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: **EMORY EUGENE EXUM**

Address: **7299 CHARLIES PLACE**
BROOKSVILLE, FL 34601

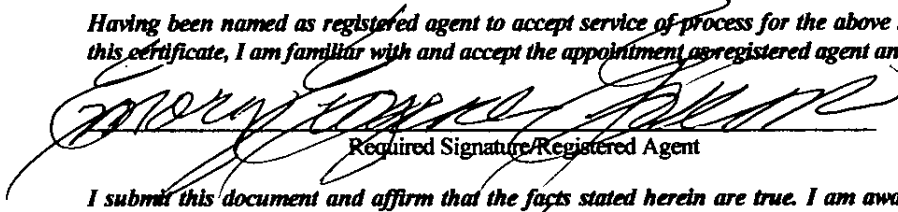
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **JOHNATHAN D. ROGERS**

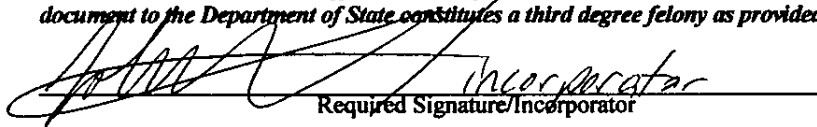
Address: **4100 SOUTH OATES STREET**
DOTHAN, AL 36301

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

4-23-2011
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

4/22/2011
Date

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FLORIDA