

P110000046325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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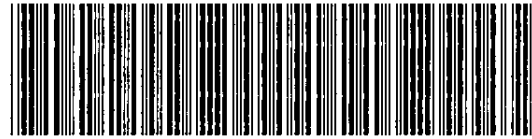
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 MAY 12 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
576-11

COVER LETTER

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

SUBJECT: Liberty Assets 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: Barbara A. Kowal

Name (Printed or typed)

70 W. 1st Street

Address

Apopka, FL 32703

City, State & Zip

407-620-4152

Daytime Telephone number

libertyls@embarqmail.com

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

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2011 MAY 12 PM 2:30

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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 Assets Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
70 W. 1st street
Apopka, FL 32703

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general nature of the business of this corporation will be to transact any and all lawful businesses for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert T. Kowal, President
Address: 70 W. 1st Street
Apopka, FL 32703

Name and Title: _____
Address: _____

Name and Title: Barbara A. Kowal, Financial Officer
Address: 70 W. 1st Street
Apopka, FL 32703

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:

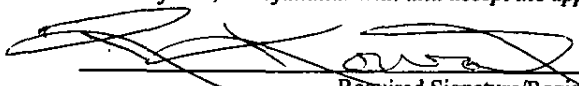
Name: Robert T. Kowal
Address: 70 W. 1st Street
Apopka, FL 32703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara A. Kowal
Address: 70 W. 1st Street
Apopka, FL 32703

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

5-9-11

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

5-9-2011

Date

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TALLAHASSEE, FL 32300