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11 SEP 23 PM 3:09  
STATE  
TALLAHASSEE, FLORIDA

W11-47819

K 09/26/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 SEP 23 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 15, 2011

CAMILO A. VIDAL  
1581 E. SANDPIPER CIR.  
PEMBROKE PINES, FL 33026

SUBJECT: LIBERTY SERVICE, INC.  
Ref. Number: W11000047819

We have received your document for LIBERTY SERVICE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is F98000000923 (LIBERTY SERVICE CORPORATION OF FLORIDA).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00021433

## COVER LETTER

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

SUBJECT: LIBERTY SERVICE, 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: CAMILO A. VIDAL  
Name (Printed or typed)

1581 E. SANDPIPER CIR.  
Address

PEMBROKE PINES, FLORIDA. 33026  
City, State & Zip

954-589-1907  
Daytime Telephone number

camilo-vidal@hotmail.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 LOGISTIC SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1581 E. SANDPIPER CIR.**  
**PEMBROKE PINES, FL.**  
**33026**

Mailing address, if different is:

**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: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **CAMILO A. VIDAL, PRESIDENT**  
Address: **1581 E. SANDPIPER CIR.**  
**PEMBROKE PINES, FL.**  
**33026**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **JAIRO R. VIDAL, V.P.**  
Address: **12800 SW 7 CT. APT. 303**  
**PEMBROKE PINES, FL.**  
**33027**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **ADRIANA GALINDO, SEC.**  
Address: **1581 E. SANDPIPER CIR.**  
**PEMBROKE PINES, FL.**  
**33026**

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: **CAMILO A VIDAL**  
Address: **1581 E. SANDPIPER CIR.**  
**PEMBROKE PINES, FL. 33026**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **CAMILO A VIDAL**  
Address: **1581 E SANDPIPER CIR.**  
**PEMBROKE PINES, FL. 33026**

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

**9-11-11**  
\_\_\_\_\_  
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

**9-11-11**  
\_\_\_\_\_  
Date