

COVER LETTER

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

SUBJECT: Liberty 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: Charles S Schleyer

Name (Printed or typed)

507 10th Avenue North

Address

Lake Worth FL 33460

City, State & Zip

561-452-6367

Daytime Telephone number

Chuckschleyer@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2014

CHARLES S SCHLEYER
507 10TH AVE N
LAKE WORTH, FL 33460

SUBJECT: LIBERTY INC.
Ref. Number: W14000026713

RECEIVED
14 MAY -9 AM 11:27
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

We have received your document for LIBERTY INC. and your check(s) totaling \$78.75. 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.

Please return 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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 314A00009014

COVER LETTER

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

SUBJECT: Sons of Liberty 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

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Name (Printed or typed)

507 10th Avenue North

Address

Lake Worth FL 33460

City, State & Zip

561-452-6367

Daytime Telephone number

Chuckschleyer@gmail.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: Sons of Liberty Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

507 10th Avenue North

Lake Worth FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles S Schleyer

Name and Title: _____

Address President

Address: _____

507 10th Avenue North

Lake Worth FL 33460

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
14 MAY -9 AM 10:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

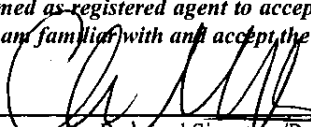
Name: Charles S Schleyer
Address: 507 10th Avenue North
Lake Worth FL 33460

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Charles S Schleyer
Address: 507 10th Avenue North
Lake Worth FL 33460

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

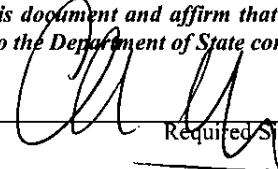


Required Signature/Registered Agent

04/05/2014

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

04/05/2014

Date

FILED
14 MAY -9 AM 10:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA