

7/29/2020

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Division of Corporations

Florida Department of State

Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LIBERTY RECOVERY GROUP, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

J. FASON  
JUL 30 2020

2020 JUL 29 PM 12:43  
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CORPORATIONS  
COMMERCIAL  
SERVICES

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 RECOVERY GROUP, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
6371 COLLINS RD., APT 201  
JACKSONVILLE, FL 32244

Mailing address, if different is:  
6371 COLLINS RD., APT 201  
JACKSONVILLE, FL 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ALONG WITH SALES AND MARKETING.

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEDRIC BENNETT (P/S/D) Name and Title: \_\_\_\_\_  
Address 6371 COLLINS RD., APT 201 Address: \_\_\_\_\_  
JACKSONVILLE, FL 32244

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

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

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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: CEDRIC BENNETT  
 Address: 6371 COLLINS RD., APT 201  
JACKSONVILLE, FL 32244

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CEDRIC BENNETT  
 Address: 6371 COLLINS RD., APT 201  
JACKSONVILLE, FL 32244

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 DEPARTMENT OF STATE  
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I hereby being 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

[Signature]  
 Required Signature/Registered Agent

7-27-20  
 Date

I submit this document and affirm that the facts stated here in 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.

[Signature]  
 Required Signature/Incorporator

7-27-20  
 Date