

7/29/2020

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Division of Corporations
Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
LIBERTY RECOVERY GROUP, INC

Certificate of Status	0
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CORPORATIONS
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Help

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 SHARESThe 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 AGENTThe 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 INCORPORATORThe 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.

I, _____, having been named as registered agent to accept service of process for the above stated corporation at the place designated in this document, am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Required Signature/Registered Agent

7-27-20
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

7-27-20
Date