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M. MILLIGAN NAY 11 2018

COVER LETTER

TO: Registration Section Division of Corpora					
LegacyShield	Solutions, Inc.				
SUBJECT:	Name of corporat	tion - must	include suffix	- - ·	
Dear Sir or Madam:					
The enclosed "Application "Certificate of Existence," above referenced foreign co	or "Certificate of Good S	Standing" a	nd check are sub		
Please return all correspond Kristen Hansen	lence concerning this ma	itter to the f	following:		
T	Name	of Person			
ADVOS Legal pllc					
5000 Sawgrass Village Cirlce		Company			
Ponte Vedra Beach, FL 32082		ddress			
support@advoslegal.com	City/Stat	te and Zip c	ode		
	E-mail address: (to be us	ed for futur	e annual report i	notification)	
For further information con	cerning this matter, plea	se call:			
Kristen Hansen	904 at (834-	834-8024		
Name of Person	Area C	Code	Daytime Telep	hone Number	
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee. FL 32	n ations nter Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Enclosed is a check for the	following amount:				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		5 Filing Fee & ied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

LegacyShield Solutions, Inc.

v of which it is incorporated) 5. on) (Date first transacted business i SECTIONS 607.1501 & 607.1	(Date of duration, if other than the prior to registration) 502, F.S., to determine penalty liability) pal office address)	an perpetual)
v of which it is incorporated) 5. on) (Date first transacted business i SECTIONS 607.1501 & 607.1	(FEI number, if applied (Date of duration, if other that no Florida, if prior to registration) 502, F.S., to determine penalty liability) pal office address)	an perpetual)
On) (Date first transacted business i SECTIONS 607.1501 & 607.1 (Princi	(Date of duration, if other than the prior to registration) 502, F.S., to determine penalty liability) pal office address)	
SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability) pal office address))
SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability) pal office address))
t Current maili		
(Current main	ng address, if different)	
Florida registered agent: (P.)	O. Box <u>NOT</u> acceptable)	VISION O
gal pllc		10
rass Village Circle, Suite 7		
a Beach	32082 . Florida	: 15 5 5
(City)	(Zip code)	.,
11 11 11 11 11 11 11 11 11 11 11 11 11	egal pllc a Beach (City) Ance: red agent and to accept serv. I hereby accept the appoint the provisions of all statutes and accept the obligations of	a Beach . Florida 32082 (City) (Zip code)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Nam	es and business addresses of officers and/or directors:	9.
A. DIRI	ECTORS	10 XA
Chairman	Michael Babikian	五 000
Address:	822 North A1A, Suite 310	6 Sign
	Ponte Vedra Beach, FL 32082	1
Vice Chai	rman:	
Address:		
-		
Director:	Christopher Haley, Series A Director	
Address:	3043 St. Johns Ave. I	
	Jacksonville, FL 32205	
Director:	Joseph Maxwell, FINTOP Director	
Address:	7101 Executive Center Drive, Suit 197	
	Brentwood, TN 37027	
B. OFF	ICERS ,	
President:	Michael Babikian	
	822 North A1A, Suite 310	
	Ponte Vedra Beach, FL 32082	
Vice Pres		
Secretary:	Michael Babikian	
•	822 North A1A, Suite 310, Ponte Vedra Beach, FL 32082	
		-
	<u> </u>	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
	Michael Batikian	
	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the	facts stated barries
are true a	nd that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.	
13. Mich		. =
	(Typed or printed name and capacity of person signing application)	

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ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Item 11.A Directors

Director: Daniel Pierson, EW Director

Address: 822 A1A North, Suite 310, Ponte Vedra Beach, FL 32082

Item 11.B Officers

Officer: Daniel Pierson, Chief Operating Officer

Address: 822 North A1A Suit 310, Ponte Vedra Beach, FL 32082

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEGACYSHIELD SOLUTIONS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACYSHIELD SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. | 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.

A SOCIAL DESIGNATION OF THE PARTY OF THE PAR

6857456 8300

SR# 20182999500

Authentication: 202575922

Date: 04-25-18