M1700001480

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
W17-14133							





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02/16/17--01028--020 **160.00

FILED 2011 FEB 21 A II: 47 SECTED AND STANK

> D. BRUCE FEB 21 2017



Division of Corporations

February 17, 2017

STEPHANIE ANDÉRSON 250 INTERNATIONAL PARKWAY, STE 134 LAKE MARY, FL 32746

SUBJECT: LEGACY TITLE GROUP LLC

Ref. Number: W17000014133

We have received your document for LEGACY TITLE GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 017A00003188 FL A III

COVER LETTER

TO:

Registration Section

Divi	ision of Corporation	18						
SUBJECT:	LEGACY TITLE O	GROUP LLC						
	Name of Limited Liability Company							
The enclosed Existence, an	E"Application by Food check are submitted	reign Limited Liability Comp ed to register the above refere	any for Authorizat inced foreign limit	ion to Transact Business ed liability company to tra	in Florida." Co ansact business	ertificate of s in Florida.		
Please return	all correspondence	concerning this matter to the	following:					
	STEPHANIE A	ANDERSON						
	Name of Person							
	LEGACY TITLE GROUP LLC Firm/Company							
LEGACY TITLE GROUP LLC Firm/Company 250 INTERNATIONAL PARKWAY, STE 134 Address LAKE MARY, FL 32746								
	Address							
	LAKE MARY, FL 32746							
	City/State and Zip Code							
	STEPHANIE@LEGACYTITLEGROUP.COM							
		E-mail address; (to be used	I for future annual	report notification)	- 355 - 355	_ ,		
For further in	nformation concernir	ng this matter, please call:						
ST	EPHANIE ANDERS	SON	407 at (656-9925		:		
	Name	of Contact Person	Area Code	Daytime Telephone		ن.		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	a check for the follow \$125,00 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy		iling Fee, Cert Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ign Eimited Liability Company; must inc				
If name unavailable, enter al liability Company," "L.L.C."	ternate name adopted for the purpose of to "LLC.")	ransacting business in	Florida. The alternate n	ame must include "l	Limited
2. DE		s,			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	de)	
1	(Date first transacted business in (See sections 605,0904 & 605,0905	Florida, if prior to reg , F.S. to determine pe	astration.) nahy liability)		
5. 250 INTERNATIONA	L PARKWAY, STE 134				
LAKE MARY, FL 327				1	
	(Street Address of Princi		<u></u> .	71.1. SEC 110.2	
6		<u> </u>	<u>.</u>	FEB -	ا ا مسوره مورس
	(Mailing Addre	ess)		21 SSE	
7. Name and street address	is of Florida registered agent: (P.O. B				Ö
Name:	STEPHANIE ANDERSON			TOWO IS	
Office Address:	250 INTERNATIONAL PARKWA	AY, STE 134		٦ ج	
			Florida <u>32746</u>		
Registered agent's accep	(City)		(Zip code)		
designated in this applica to complywith the provisi	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the propmy position as registered agent.	nt as registered ager per and complete pe	it and agree to act in	this capacity. I fi	irther agre
	(Registered	agent's signature)			
	acity and address of the person(s) who				
STEPHANIE ANDERSC	ON - 250 INTERNATIONAL PARKY	VAY, STE 134, LA	KE MARY FL 32746	<u>, - Wember</u>	
		•••			
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days of which it is organized. (If the critical abmitted)	ld, duly authenticate is in a foreign	d by the official havi anguage, a translation	ng custody of reco	rds in the under oath
	Signature of a	n authorized person			
This document is executed submitted in a document to	I in accordance with section 605,0203 o the Department of State constitutes o	(1) (b), Florida Sta i third degree telony	tutes. I am aware that as provided for in s.8	any false informat 117.155, F.S.	ion

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "LEGACY TITLE GROUP, LLC" IS DULY

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

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACY TITLE GROUP, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2017.



Authentication: 202030992

Date: 02-13-17