(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



900245316689

03/07/13--01010--022 **130.00

03/27/13--01003--002 **777.50

FILED
2013 HAR 26 AM 7: 57
380
W13

CR2E027	1011	α
C.K.Z.P.U.Z.Z.	(4/	111

COVER LETTER

TO:

Registration Section **Division of Corporations**

Legacy Integration & Technologies, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

riease return an correspondence concerning this matter to the following.		
Teresa Kintop		
Name of Person	 	
Legacy Integration & Technologies, LLC	;	
Firm/Company		
6075 Trenton Lane N Suite 300		
Address	75 S	
Plymouth, MN 55442	2013 MAR 26 SECRE AR TALLAHASS	1
City/State and Zip Code	26	
teresa@litmn.com	E G	
E-mail address: (to be used for future annual report notification)	Los T	ָּיי.
For further information concerning this matter, please call:	SH.	7
Teresa Kintop 763 460-4642		
Name of Person Area Code & Daytime Telephone Number		

Τe

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

Enclosed is a check for the following amount:

■ \$130.00 Filing Fee & □ \$125.00 Filing Fee

Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2013

TERESA KINTOP LEGACY INTEGRATION & TECHNOLOGIES, LLC 6075 TRENTON LANE N SUITE 300 PLYMOUTH, MN 55442

SUBJECT: LEGACY INTEGRATION & TECHNOLOGIES, LLC

Ref. Number: W13000013806



We have received your document for LEGACY INTEGRATION & TECHNOLOGIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Joey Bryan Regulatory Specialist II Letter Number: 113A00005563

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN	NTHE STATE OF FLORIDA:
1. Legacy Integration & Technologies, Ll	
(Name of Foreign Limited Liability Company; must i	nclude "Limited Liability Company," "L.L.C.," or "LLC.")
	urpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must include "Limited Liability
_{2.} Minnesota	_{3.} 20-1223037
(Jurisdiction under the law of which foreign limited liabili company is organized)	ty (FEI number, if applicable)
_{4.} 5/27/2004	_{5.} perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{6.} 12/01/2011	78 SE TAL
(Date first transacted business in (See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)
_{7.} 6075 Trenton Lane N Suite 300	28 28
Plymouth, MN 55442	mg Z O
(Street Add	ress of Principal Office)
8. If limited liability company is a manager-manager	
9. The name and usual business addresses of the r	nanaging members or managers are as follows:
Jennifer Littler, 6075 Trenton Lar	ne N Ste 300 Plymouth, MN 55442
Glen Littler, 6075 Trenton Lane N	N Ste 300 Plymouth, MN 55442
	A STATE OF THE STA
· · · · · · · · · · · · · · · · · · ·	nn 90 days old, duly authenticated by the official having custody of records is tocopy is not acceptable. If the certificate is in a foreign language, a e submitted.)
11. Nature of business or purposes to be conducte	ed or promoted in Florida:
Computer server, service	·
Signature of a member or ar	n authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the

penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Jennifer E. Littler

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name	of the	Limited	Liability	Company i	is:
----	----------	--------	---------	-----------	-----------	-----

Legacy Integration & Technologies, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent a	and of	ffice are
--	--------	-----------

Incorp Services, Inc. (Name)

17888 67th Court Nor+\\\

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee

33470

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Legacy Integration & Technologies, LLC

Date Filed: 05/27/2004

File Number: 922310-2

Minnesota Statutes, Chapter: 322B

Home Jurisdiction: Minnesota

This certificate has been issued on: 02/08/2013

Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota