

F/20000036/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

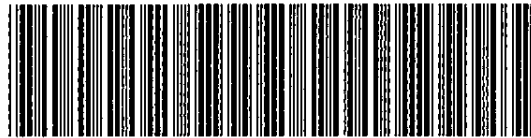
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600237813096

07/30/12--01032--002 **87.50

RECEIVED
12 AUG 31 PM 3:20

FILED

U.S. DEPT. OF JUSTICE

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Legacy Coin-Operated Distributors, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John David Ray

Name of Person

Firm/Company

3792 Hitchcock Way, Suite #238

Address

Myrtle Beach, SC 29577

City/State and Zip code

LegacyCoinOp@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Williams

Name of Person

at (843) 626-1900

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2012

JOHN DAVID RAY
3792 HICHCOCK WAY, SUITE #238
MYRTLE BEACH, FL 29577

SUBJECT: LEGACY COIN-OPERATED DISTRIBUTORS, INC.
Ref. Number: W12000040130

We have received your document for LEGACY COIN-OPERATED DISTRIBUTORS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 612A00019991

**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.*

1. Legacy Coin-Operated Distributors, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. South Carolina

(State or country under the law of which it is incorporated)

3. 45-5513012

(FEI number, if applicable)

4. June 19th, 2012

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 07-01-2012

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2961 Drywall Drive, Myrtle Beach, SC 29577

(Principal office address)

PO Box 321 Myrtle Beach, SC 29578

(Current mailing address)

8. Wholesale Distributor of Coin Operated Amusement Devices

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

NRAI Services Inc

Office Address:

515 East Park Avenue

Tallahassee

(City)

, Florida

32301

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI SERVICES, INC.

By: Jessica Metzger

Jessica Metzger, Assistant Secretary

(Registered agent's signature)

11. 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.

FILED
12 AUG 31 PM 3:20
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: R.A. Green III

Address: 4544 Carriage Run Circle
Murrells Inlet, SC 29576

Vice President: Edward Chermak

Address: 7476 Spring Side Drive
Myrtle Beach, SC 29588

Secretary: Neil Anderson

Address: 1157 Edisto Drive, Florence, SC 29501

Treasurer: Royce Green IV

Address: 446 Megan Ann Lane, Myrtle Beach, SC 29579

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

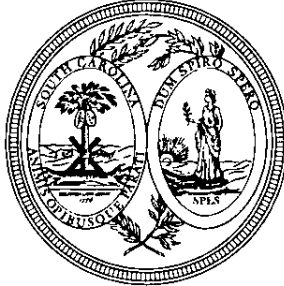
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. RA Green III President

(Typed or printed name and capacity of person signing application)

The State of South Carolina



FILED
12 AUG 31 PM 3:20
SOUTH CAROLINA

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LEGACY COIN-OPERATED DISTRIBUTORS, INC.,
a corporation duly organized under the laws of the State of South Carolina on June 19th, 2012, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
19th day of June, 2012.


Mark Hammond, Secretary of State