

F180000000006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

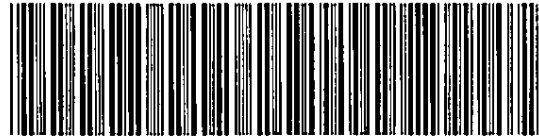
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000306300990

12/07/17--01016--022 \*\*70.00

2018 JAN -2 10:10:30

JAN 02 2018  
HARRIS

0517-0111

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Legacy Group Enterprises, 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:

David Karcher

Name of Person

Legacy Group Enterprises, Inc.

Firm/Company

5004 Veterans Memorial Highway

Address

Holbrook, NY 11741

City/State and Zip code

dkarcher@legacyfms.com

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

For further information concerning this matter, please call:

Kathleen Sweeney

631

491-7070

at ( )

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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

December 8, 2017

DAVID KARCHER  
5004 VETERANS MEMORIAL HIGHWAY  
HOLBROOK, NY 11741

SUBJECT: LEGACY GROUP ENTERPRISES, INC.  
Ref. Number: W17000097458

We have received your document for LEGACY GROUP ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P15000024034.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 017A00024895

RECEIVED  
JAN - 2 2018


**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 Group Enterprises, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Legacy Group Enterprises, Inc. of New York  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3. New York 47-2375029  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 19, 2014 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5004 Veterans Memorial Highway, Holbrook, NY 11741  
(Principal office address)
- \_\_\_\_\_ (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: BlumbergExcelsior Corporate Services, Inc.
- Office Address: 155 Office Plaza Drive, 1st Fl.
- Tallahassee, Florida 32301  
(City) (Zip code)

**9. 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.*

  
\_\_\_\_\_  
(Registered agent's signature)

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: David Karcher

Address: 36 Sunflower Ridge Road, So. Setauket, NY 11720

\_\_\_\_\_

Director: James Karcher

Address: One Trillium Way, Old Field, NY 11733

\_\_\_\_\_

**B. OFFICERS**

President: David Karcher

Address: 36 Sunflower Ridge Road, S. Setauket, NY 11720

\_\_\_\_\_

Vice President: James Karcher

Address: One Trillium Way, Old Field, NY 11733

\_\_\_\_\_

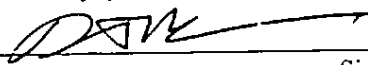
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12.  \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. \_\_\_\_\_

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

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of LEGACY GROUP ENTERPRISES, INC. was filed on 11/19/2014, under the name of LEGACY MILLWORK-QCC, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment LEGACY MILLWORK-QCC, INC., changing its name to LEGACY GROUP ENTERPRISES, INC., was filed 03/18/2015.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 24th day of October two  
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", with a long horizontal flourish extending to the right.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*