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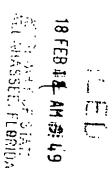
(Red	questor's Name)	
(Add	fress)	
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(City	//State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)
(Doc	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corpora			
SUBJECT: Leg	Name of corporation mus	orporation include suffix	
	of Good Standing" and check are	rization to Transact Business in Flor submitted to register the above refer-	
Please return all correspond	dence concerning this matter to the	following:	
	Jeff BURT		
	Name of Person		
Legac	y Hausing Firm/Company	Corporation	
4801	Mark IV		
	Address		
F+. 1	Worth TX dity/State and Zip	76106	
	E-mail address: (to be used for futi	reannual report notification)	Com
	scerning this matter, please call:)	
	sorming this matter, prease can.		
Jeff Burt	at (\$17) Area Code &	24-7565	
Name of Person	Area Code &	& Daytime Telephone Number	•
STREET/COURII		MAILING ADDRESS:	
New Filing Section Division of Corpora		New Filing Section Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Cer Tallahassee, FL 32		Tallahassee, FL 32314	
nclosed is a check for the	following amount:		
1 \$70.00 Filing Fee	/ \$79.75 Eiling Co. P	75 EUL., F., 9	
	Certificate of Status Certi	75 Filing Fee & S87.50 Filing fied Copy Certificate of Certified Co	of Status &
Sote: V	Ve have 5	Submitted m of Lega	Natice
of (ancellati	m of LegA	cy Housing, (1)

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 Housing Corporation	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Ine.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	n Florida)
2. Delaware 3. 20-2897516 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	• ———
4 01/01/2018 (Bate of incorporation) 5 perpetual (Duration: Year corp. will cease to exist or "pe	
(Date of incorporation) (Duration: Year corp. will cease to exist or "pe	rpetual")
6. 01/26/2018	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 4801 Mark IV Parkway, Ft. Worth Tx	76106
(Principal office address)	- - -
SAME	
(Current mailing address)	00
8. Navufactured Home Manufacturer	EB #
(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)	A
Name: INCORPSERVICES, INC	61 66 C
Office Address: 17888 67th Court North	<u>→</u>
Loxahatchee , Florida 33470	
(City) (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.

Tana Vaughn on behalf of InCorp Services, Inc. (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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: Address: **B. OFFICERS** PARKWAY Ft. Worth Tx 76106 casurer: ____ DTE: If necessary, you may artack an addendym to the application listing additional officers and/or directors. gnature of Director or Officer : officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree ny as provided for in s.817.155, F.S. effrey V. Burt - Secretary
(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND

CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "LEGACY

HOUSING CORPORATION" FILED IN THIS OFFICE ON THE TWENTY-EIGHTH

DAY OF DECEMBER, A.D. 2017, AT 1:22 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE

OF THE AFORESAID CERTIFICATE OF INCORPORATION IS THE FIRST DAY

OF JANUARY, A.D. 2018.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

Authentication: 203851525

Date: 12-28-17