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(Re	questor's Name)	
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JAN 29 2020 M. SOLOMON

COVER LETTER

	tration Section ion of Corpora	ions			
SUBJECT:	Legacy Wealth	Management, Inc. / Legacy			
		Name of corporatio	n - must	include suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence," or	y Foreign Corporation for "Certificate of Good Sta poration to transact busin	nding" a	nd check are subn	t Business in Florida," nitted to register the
Please return	all corresponde	nce concerning this matte	er to the f	following:	
Andrew J. Cou	rt				
		Name o	f Person		· · · · · · · · · · · · · · · · · · ·
Legacy Wealth	Management, l	nc.			
		Firm/Co.	mpany		
5248 Seminole	Court				
		Add	ress		
Cape Coral, Fl	33904				
		City/State	and Zip o	code	
andy.court@yr					
	Е	-mail address: (to be used	for futur	e annual report no	otification)
For further in	formation cond	erning this matter, please	call:		
Andrew J. Cou	ırt	at (⁷¹⁵	456-	2274	
Nam	e of Person	Area Co	de	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	neck payable to:	ollowing amount: FLORIDA DEPARTMEN S78.75 Filing Fee & Certificate of Status	\$78.7	ATE 5 Filing Fee & fied Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	orporation; must include "INCORPC orp," "Inc," "Co," or "Corp.")	DRATED," "COMPANY," "CORPORATION,"			
IIIC., CO., C	orp, the, Co, or Corp.)				
Legacy Financia	al Planning, Inc.				
(If name unavail	able in Florida, enter alternate corpor	rate name adopted for the purpose of transacting bu	siness in Florida)		
2. South Dakota	South Dakota 32-0573				
	ry under the law of which it is incorp	orated) (FEI number, if applica	able)		
4. July 10, 2018		5			
(Date	of incorporation)	5. (Date of duration, if other than perpetual)			
6					
	(SEE SECTIONS 607.150	business in Florida, if prior to registration) 1 & 607.1502, F.S., to determine penalty liability)			
7. 5248 Seminole C	ourt, Cape Coral, FL 33904				
* *	(Principal office street address)				
<u> </u>	(Сил	rent mailing address, if different)			
8. Name and stre	et address of Florida registered ag	gent: (P.O. Box NOT acceptable)	29		
Name:	Andrew J. Court	, , ,	2. PH 1:		
Office Address:	5248 Seminole Court		28		
	Cape Coral	, Florida 33904			
	(City)	(Zip code)			
Having been nan designated in this further agree to d	s application, I hereby accept the comply with the provisions of all	cept service of process for the above stated co appointment as registered agent and agree to statutes relative to the proper and complete po of my position as registered agent.	o act in this capacity. I		
-	(Registered	d 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.

A. DIRECTORS Andrew J. Court Chairman □ Chairman Name: _____ 5248 Seminole Ct, Cape Coral FL □Vice Chairman Address: ☐ Vice Chairman Address: ____ Director ☐ Director President ☐ President ☐ Vice President □Vice President ☐ Secretary □Treasurer □ Secretary Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: _____ ☐ Chairman Name: _____ □Vice Chairman Address: _____ Address: ☐ Vice Chairman Director Director ☐ President □ President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer ☐Other _____ □Other _____ Other ____ □Other _ Chairman Name: ☐ Chairman Name: _____ □Vice Chairman Address: _____ Address: _____ ☐Vice Chairman □Director □Director □President □President □Vice President □Vice President □ Secretary Treasurer □Secretary Treasurer □Other □ Other Other ___ Other _ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the Index when filing your Florida Department of State Annual Report form. 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.

, Andrew J. Court

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Business Corporation

I, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that

Legacy Wealth Management, Inc.

Business ID: DB150875

was authorized to transact business in this state on: July 10, 2018.

I, further certify that Legacy Wealth Management, Inc. has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, January 28, 2020.

Steve Barnett

01/28/2020 1:52 PM

Verification #: 012583423

Steve Barnett Secretary of State



Division of Corporations

January 13, 2020

ANDREW J. COURT LEGACY WEALTH MANAGEMENT, INC. 5248 SEMINOLE COURT CAPE CORAL, FL 33904

SUBJECT: LEGACY WEALTH MANAGEMENT, INC.

Ref. Number: W20000002760

We have received your document for LEGACY WEALTH MANAGEMENT, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Name not available in Florida. For a refund, please submit a signed request with a copy of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 320A00000918

Mel Solomon Regulatory Specialist II Supervisor

www.sunbiz.org