

L000000001365

Rogers, Towers, Et al - Mary Rose

Requestor's Name

106 S. Monroe Street

Address

Tallahassee, Florida 32301

City/State/Zip

Phone #

222-7200

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Legacy Management Services, L.L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:30

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-02/03/00--01042--014

***155.00 ***155.00

Examiner's Initials

W 3085
2-100



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 3, 2000

ROGERS, TOWERS, ET AL

SUBJECT: LEGACY MANAGEMENT SERVICES, LLC
Ref. Number: W00000003085

We have received your document for LEGACY MANAGEMENT SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 487-6025.

Trevor Brumbley
Document Specialist

Letter Number: 300A00005395

00 FEB -7 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND
FILED

ARTICLES OF ORGANIZATION
OF
LEGACY MANAGEMENT SERVICES, LLC

I, the undersigned natural person of the age of eighteen years or more, acting as organizer of a limited liability company under the Florida Limited Liability Company Act, adopt the following Articles of Organization for such limited liability company:

ARTICLE I - NAME

The name of the limited liability company shall be: **Legacy Management Services, LLC.**

ARTICLE II - PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the limited liability company shall be:

Legacy Management Services, LLC
Suite 17
8380 Baymeadows Road
Jacksonville, Florida 32256

ARTICLE VI - REGISTERED OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the limited liability company is 8380 Baymeadows Road, Suite 17, Jacksonville, Florida 32256. The name of the initial registered agent at that address is Gregg B. Taylor. Either the registered office or the registered agent may be changed in the manner provided by law.

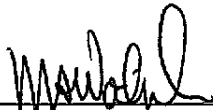
ARTICLE VII - MANAGEMENT

The management of the limited liability company is vested in a manager or managers.

AND
FILED
00 FEB - 7 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **THE UNDERSIGNED**, being a Member, do make, subscribe, acknowledge, and file these Articles, hereby declaring and certifying that the facts herein stated are true, and accordingly have hereunto set my hand and seal this ____ day of February, 2000.

Signed, sealed and delivered
in the presence of:



Felicity M. Smith



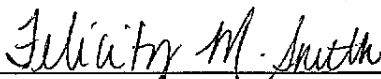
Gregg B. Taylor, Member

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this ____ day of February, 2000, by Gregg B. Taylor, who is personally known to me or who has produced a drivers license as identification.



Felicity M. Smith
MY COMMISSION # CC696891 EXPIRES
November 17, 2001
BONDED THRU TROY FAIN INSURANCE, INC.



Notary Public, State of Florida
Name: Felicity M. Smith
My Commission Expires: 11-17-01
My Commission Number is: CC696891

AND
FILED
00 FEB -7 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 608.415, Florida Statutes, the following is submitted.

That Legacy Management Services, LLC, a limited liability company duly organized and existing under the laws of the State of Florida, has named Gregg B. Taylor as its Registered Agent, located at 8380 Baymeadows Road, Suite 17, Jacksonville, Florida 32256, as its agent to accept service of process within Florida.

Having been named to accept service of process for the above- stated limited company, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of a registered agent under Section 608.415, Florida Statutes.


Gregg B. Taylor, Registered Agent

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RECEIVED
AND
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00 FEB -7 PM 2:26
SHERIFF'S OFFICE
JACKSONVILLE, FLORIDA