## L0100016396

To whom it may concern:

1/20

This is the cover letter for the registration for Legacy Private Equity Group as a LLC. For any questions, please contact myself at the contact information listed below.

Musik

Thank you,

Charles Emanuel

4534 Wandering Oaks Drive

Jacksonville, Fl 32257

(904) 392 –3744

ceemauel@fcsl.edu

800004602486--3

13720,00 \*\*\*\*130.00 \*\*\*\*130.00

Enclosed you will find a check in the amount of 136.00. These monies covers the following:

\$100.00 Filing Fee for Articles of Organization 25.00 Designation of Resistered Assent 5.00 Certificate of Steetus

Total = \$130.00

FILED

OI SEP 20 PM 12: 20

SECRETARY OF STATE
ALLAHASSEF FIRE

## \*ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: . The name of the Limited Liability Company is: Legacy Private Equi	ty G	aroc	,קנ
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability 4534 Wandering Oaks Tacksonville, Fl 32257 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig	7	- •	is:
The name and the Florida street address of the registered agent are:			
Charles Edward Emanuel, JR. Name	ż		
14913 SW Johnston ASE Florida street address (P.O. Box NOT acceptable)			-
Indian town FL 34956 City, State, and Zip			
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appropriate agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fam accept the obligations of my position as registered agent as provided for in Chapter Registered Agent's Signature	intment provisi iliar wit	t as ions o th and	of all
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more matherefore, a manager - managed company.	nagers a	and is	S,
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Chayles Emanuel  Typed or printed name of signee	SECRETARY OF STATE	01 SEP 20 PM12: 20	FILED
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	<i></i>		