

Division of Corporations

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**L020000010414**

## Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

## LIMITED LIABILITY COMPANY

Legacy Ventures III, L.L.C.

079.1282.1

2 pages

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME:**The name of the limited liability company is: **LEGACY VENTURES III, L.L.C.****ARTICLE II - ADDRESS:**


The mailing address and street address of the principal office of the Limited Liability Company is:

**Post Office Box 10103, Tampa, FL 33679****ARTICLE III - REGISTERED OFFICE AND REGISTERED AGENT & REGISTERED AGENTS'S SIGNATURE:**

The name and the Florida street address of registered agent are:

**Valerie Litschgi, Esq.**  
**Barnett, Bolt, Kirkwood and Long, P.A.**  
**601 Bayshore Blvd., Suite 700**  
**Tampa, Florida 33606**


Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
Registered Agent's Signature

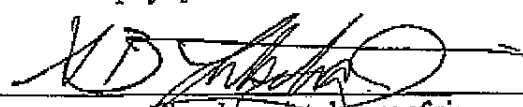
**ARTICLE IV - MANAGEMENT (CHECK BOX IF APPLICABLE)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Litschgi, P.A.

 **PRESIDENT.**  
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.)

  
Typed or printed name of signee

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