



# L020000/3158

ACCOUNT NO. : 072100000032

REFERENCE : 599885 11405A

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED  
02 MAY 29 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 29, 2002

ORDER TIME : 12:14 PM

ORDER NO. : 599885-020

CUSTOMER NO: 11405A

200005638042--8  
-05/29/02--01010--024  
\*\*\*155.00 \*\*\*155.00

CUSTOMER: M. David Alexander, Esq  
Peterson & Myers, P.a.

141 5th Street Northwest  
Suite 300  
Winter Haven, FL 33881

DOMESTIC FILING

NAME: THE LEGEND COLLECTION, LLC

AL1

EFFECTIVE DATE: \_\_\_\_\_

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 MAY 29 PM 1:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
THE LEGEND COLLECTION, LLC,  
A Florida Limited Liability Company**

FILED  
02 MAY 2011  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MID: 23

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I**  
**Name**

The name of this Company shall be **The Legend Collection, LLC.**

**ARTICLE II**  
**Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III**  
**Mailing Address**

The mailing address of the principal office of this Company is P. O. Box 112, Winter Haven, FL 33882. The street address of the principal office of this Company is Suite 206, Security Square Business Center, Winter Haven, FL 33880.

**ARTICLE IV**  
**Registered Agent and Office**

The name and street address of this Company's initial registered agent for service of process in this state is as follows: M. David Alexander, 141 5<sup>th</sup> Street, N.W., Winter Haven, FL 33881.

**ARTICLE V**  
**Management**

The Company is to be a manager-managed company.

**ARTICLE VI**  
**Initial Members**

The initial members of the Company are as follows:

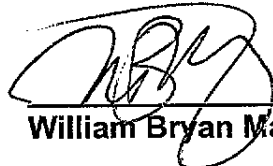
William Bryan May	P. O. Box 112 Winter Haven, FL 33882
James Gary May	P. O. Box 112 Winter Haven, FL 33882

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02 MAY 29 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII**  
**Operating Agreement of Company**

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 24<sup>th</sup>  
day of May, 2002.


  
\_\_\_\_\_  
William Bryan May

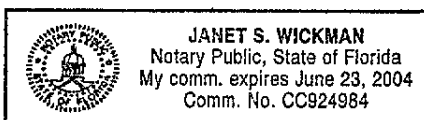
  
\_\_\_\_\_  
James Gary May

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of  
May, 2002, by **William Bryan May**. He is personally known to me or produced  
as identification.

(SEAL)

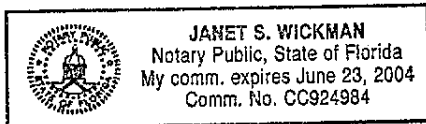
  
\_\_\_\_\_  
NOTARY PUBLIC  
Janet S. Wickman  
\_\_\_\_\_  
Print Name of Notary



STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of May, 2002, by **James Gary May**. He is personally known to me.

(SEAL)



Janet S. Wickman  
NOTARY PUBLIC

Janet S. Wickman  
Print Name of Notary  
My Commission Expires:

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02 MAY 29 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

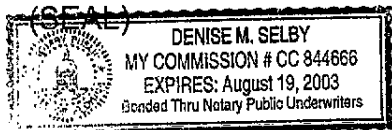
**STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.

M. David Alexander  
M. David Alexander

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of May, 2002, by **M. DAVID ALEXANDER**, who is personally known to me or produced as identification.



Denise M. Selby  
NOTARY PUBLIC

Print Name of Notary

My Commission Expires:

FILED  
MAY 29 AM 10:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA