

**L04000010216**

Florida Department of State  
Division of Corporations  
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((H04000026909 3)))

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To:

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

From:

Account Name : RUBCO  
Account Number : 104652003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**LIMITED LIABILITY COMPANY**

Legacy Enterprises, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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*Handwritten signature/initials*

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H04000026909

ARTICLE I - Name

The name of the Limited Liability Company is: **Legacy Enterprises, LLC**

ARTICLE II - Address

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

Principal Office Address:

1130 E. Donegan Avenue, Suite 4

Kissimmee, FL 34744

Mailing Address:

1130 E. Donegan Avenue, Suite 4

Kissimmee, FL 34744

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Barry Compton

Name

1130 E. Donegan Avenue, Suite 4

(P.O. Box or Mail Drop Box NOT Acceptable)

Kissimmee, FL 34744

(City / State / Zip)

ARTICLE III  
FILED  
04 FEB -6 5M 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

**X**

*Registered Agent's Signature - Barry Compton*

ARTICLE IV - Manager(s) or Managing Member(s):  
The name and address of each Manager or Managing Member is as follows:

H04000026909

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGRM

Joanne D. Turner - P.O. Box 700692, St. Cloud, FL 34770

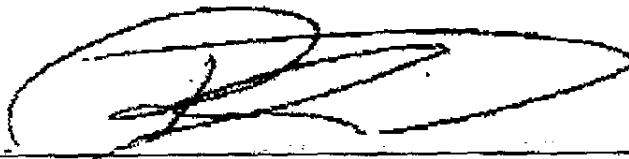
MGRM

Barry Compton - 1130 E. Donegan Avenue, Suite 4, Kissimmee, FL 34744

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

Barry Compton

Typed or printed name of signee

APPROVED  
FILED  
04 FEB - 6 0111:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA