

LD4000057993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

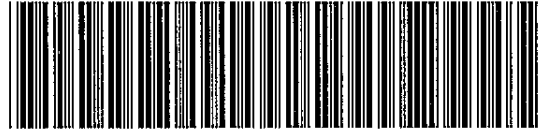
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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24 AUG -4 PM 4:51  
STATE  
TALLAHASSEE, FLORIDA

37

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

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CONTACT: KATIE WONSCH

DATE: 8/4/04

REF. #: 0910.28763

CORP. NAME: LEGACY INVESTORS GROUP ONE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 508997 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

Audit #

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

**LEGACY INVESTORS GROUP ONE, LLC**  
a Florida limited liability company

**ARTICLE I**  
**NAME**

The business and affairs of the Limited Liability Company shall be conducted under the name of:

**LEGACY INVESTORS GROUP ONE, LLC**

**ARTICLE II**  
**PRINCIPAL OFFICE**

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

1717 2<sup>ND</sup> Street, Suite D  
Sarasota, Florida 34236

**ARTICLE III**  
**INITIAL REGISTERED AGENT/OFFICE**

The registered office of the Limited Liability Company and its initial registered agent shall be:

Gregory S. Band

1717 2<sup>ND</sup> Street, Suite D  
Sarasota, Florida 34236

Audit # H

Audit #

ARTICLE IV  
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 4<sup>th</sup> day of August, 2004.

  
\_\_\_\_\_  
Gregory S. Band

AUTHORIZED REPRESENTATIVE

Audit #

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

**LEGACY INVESTORS GROUP ONE, LLC**

2. The name and the Florida street address of the registered agent is:

Gregory S. Band

1717 2<sup>nd</sup> Street, Suite D  
Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

8/4/04

  
\_\_\_\_\_  
Gregory S. Band

"REGISTERED AGENT"