

L04000061217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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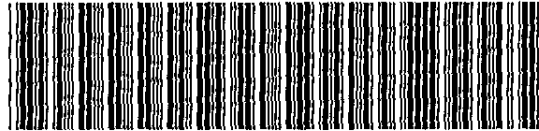
(Business Entity Name)

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT  
JULY 18 2004  
TALLAHASSEE, FLORIDA

J. BRYAN AUG 19 2004

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

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ACCT. #FCA-14

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CONTACT: TRICIA TADLOCK

DATE: 08-18-04

REF. #: 0910.29222

CORP. NAME: LEGACY LIAISON, 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# 509183 FOR \$ \_\_\_\_\_.

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 #

ARTICLES OF ORGANIZATION

LEGACY LIAISON, LLC  
a Florida limited liability company

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2004 AUG 18 AM 8:53  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

ARTICLE I  
NAME

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

**LEGACY LIAISON, 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

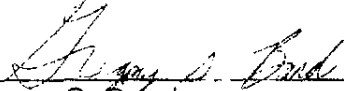
Audit # H

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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 16<sup>th</sup> day of August, 2004.

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

AUTHORIZED REPRESENTATIVE

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2004 AUG 18 AM 8:53  
UNIVERSITY CORPORATION'S  
TALLAHASSEE, FLORIDA

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 LIAISON, 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: AUG. 16, 2004

Gregory S. Band  
Gregory S. Band

"REGISTERED AGENT"

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2004 AUG 18 AM 8:53  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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