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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

(0)

Registration Section Division of Corporations

SLIBBLET: LEGACY PROPERTY INVESTMENTS, LLC
(Name of Limited Limbblety Company)

the endoted Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHANIE B. HERSH

(Firm/Company)

7752 FORESTRY DRIVE

LAKE WORTH FL 33467

For finthe, information concerning this matter, please call:

STEPHANIE B. HERSH : 501, 642-4932

Photosed is a check for the following amount:

Ct \$125.00 Filing Fee.

IJ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160,00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tullahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

PTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

LEGACY PROPERTY INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7752 FORESTAY

7752 Forestay Drive, Lake Worth, Fl 33467

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

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

STEPHANE B. HERSI

52 FORESTAY DRIVE
Florida street address (P.O. Box NOT acceptable)

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 stubites 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

(CONTINUED)

Page 1 of 2

The name and address of each Ma	anager or Managing Member is as follows:			
Title:	Name and Address:			
MGRM	STEPHANIE B. HER 1152 FORESTAY DRIV LAKE WORTH FL 334	RSH E-		
MGRM	SUSAN JEW FORTUNI 1347 PEBBLE RIDGE WEST PALM BEACH, FL	170 LAN€ 33411		
(Use attachment if necessary)				
NOTE: An additional article m	ust be added if an effective date is requested.			
REQUIRED SIGNATURE:				
Signature of a me	mber or an authorized representative of a member.	TAT NAT	201	
(In accordance wit of this document c	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)	ECRETARY O	2104 ESV 15	/ ·
STEPHE	Typed or printed name of signee	OF STATEE, FLOR	P).1 4:	i.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV- Manager(s) or Managing Member(s):