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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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SECRLIANSSEE, FLORIBA

TRANSMITTAL LETTER

	ration Secon of Corp					
SUBJECT:		The Legend	Is Group LLC			
(Name of Limited Liability Company)						
		Organization and fee(s) are su				
		Ke	enner E. Day			
			ame of Person)			
<u>-</u> u	, , , ,		uilding Group LLC Firm/Company)	- 111		_
		251 Roya	l Palm Way, Suite 300A (Address)	**	7 <u>8</u> 120	2
			each, Florida 33480 State and Zip Code)		RE I	1 -7 PM
For further info	rmation c	oncerning this matter, please o		!	FLORID	05. III -7 PM L: 13
		r E. Day of Person)	at (→	
Enclosed is a	check fo	r the following amount:				
□ \$125.00 Fili	ing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Certificate Certified (additional or	of Statu Copy	s &
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:			
The Legends Group LLC				
ARTICLE II - Address:				
	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
251 Royal Palm Way, Suite 300A	251 Royal Palm Way, Suite 300A			
Palm Beach, Florida 33480	Palm Beach, Florida 33480			
The name and the Florida street address of the Kenner E. Day Name 251 Royal Palm Way, Suite 3	registered agent are: ALLIAHASSEE P. T.			
Palm Beach, FL 33480	5 3			
City, State, and Zip				
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S			

(CONTINUED)

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
member	
MGRM	Kenner E. Day for HD Building Group, LLC
	251 Royal Palm Way, Suite 300A
	Palm Beach, FL 33480
MGRM	Cliff Bagnell for Property Capital Group, LLC
	14499 North Dale Mabry Highway, Suite 280
	Tampa, FL 33618
	<u> </u>
(Use attachment if necessary)	OS TAL
NOTE: An additional article must be	
REQUIRED SIGNATURE:	-7
	THE THE
	FIST : J
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury
that the facts stated herein	n are true.)
	Kenner E. Day
Typed	or printed name of signee

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)