

LOS 000107053

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cf

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Estates, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William G. Morris, Esq.

(Name of Person)

Law Offices of William G. Morris

(Firm/Company)

P.O. Box 2056

(Address)

Marco Island, FL 34146

(City/State and Zip Code)

For further information concerning this matter, please call:

William G. Morris

(Name of Person)

at (239)

642-6020

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$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, *Clifton Bldg*

~~409 E. Gaines Street~~ *2nd Fl Executive Center*
Tallahassee, Florida ~~32399~~ *32301*

850-245-6051

MAILING ADDRESS:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUN 10 - 2 PM 1:15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Legacy Estates, LLC

ARTICLE II - Address:

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

Principal Office Address:

4810 Europa Drive
Naples, FL 34105

Mailing Address:

PO Box 9368
Naples, FL 34101

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

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

William G. Morris

Name

247 N. Collier Blvd., Suite 202

Florida street address (P.O. Box **NOT** acceptable)

Marco Island, 34145

FL

City, State, and Zip

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.

Registered Agent's Signature

(CONTINUED)

NOTARY PUBLIC
FLORIDA
JANUARY 2, 2015
11:15 AM

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Corey Cabral

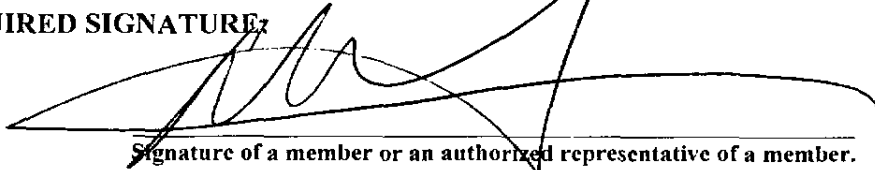
4810 Europa Drive

Naples, FL 34105

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an 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.)

William G. Morris

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)

2006 NOV -2 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA