## L07000038428

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



900092225569

04/10/07--01029--024 \*\*750.00

TO ACKNOWLEDGE JEFICIENCY OF FILING REVETYED

DEPARTHENT OF STATE

NYISION OF COSPORATIO

OT APR 10 PM 1:58
SECRETARY OF STATE
ALL AHASSEE

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Legacy acquisitions I, LLC	TALLAHASSEE FLORE
	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File
	Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement  Cert. Copy Photo Copy
	Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search
Signature	Fictitious Search  Fictitious Owner Search  Vehicle Search  Driving Record
Requested by:         4 10 07 11.51           Name         Date           Time   Walk-In Will Pick Up	UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval  Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Legacy Acquisitions I, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
416 Clematis St. West Palm Beach, FL 33401
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Daren L. Rubenfeld
HIG Clematic St.  Florida street address (P.O. Box NOT acceptable)
West Palm Beach FL 33401 ST &
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
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
Signature bi 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 frue.)
Myron Wilet Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)