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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Legacy Financial LLC

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ARTICLES OF ORGANIZATION OF Legacy Financial LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Legacy Financial LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 5522 Avenue du Soleil, Lutz, Florida 33558.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Matthew Ulvenes, 5522 Avenue du Soleil, The 1997 of Lutz, Florida 33558. Located in the County of Hillsborough.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Matthew Ulvenes, 5522 Avenue du Soleil, Lutz, Florida 33558

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Date: May 22, 2007

Business Filings Incorporated, Organizer

Terese Coulthard, Asst. Sec.

Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717 (608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Legacy Financial LLC

The name and address of the registered agent and office is Matthew Ulvenes, 5522 Avenue du Soleil, Lutz, Florida 33558. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above stated in this certificate, khereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes where the 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.

Signature:

Matthew Illvenes

Date: 5-25-07

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SECRETARY OF STATE