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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG - 5 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Con				•	
SUBJE	ct: <u>Leg</u> c	ecy Enha	<u>Λ (e Μ</u> (Limited Liab	CAT Grouf ility Company	<u>, l</u>	LC.
The enci	losed Articles of	Organization and fee(s	s) are submitt	ed for filing.		
Please re	eturn all correspo	ondence concerning thi	s matter to th	e following:		
_		Wenay	BRIC	of Person		***
_	Le	gacy Ent	<u>Yancerr</u> Firm/(NENT GRAU Company	ρ, <u>ι</u>	LC.
-	2168	2 Cypre	ss rd.	ll-D	····	
****	BOCA	RATON	City/State	33433 and Zip Code	··········	
_	We	ndy d bric	as Du	Jahoo Co e annual report notifica	m	
For furtl	her information o	concerning this matter,		t ministratives	,	
<u> w</u>	endy Name o	BR1995 of Person	at (5	Area Code & Daytim	e Telep	612 phone Number
Enclose	ed is a check fo	r the following amou	nt:			
⊒\$ 125.0	0 Filing Fee	□\$130.00 Filing Fe Certificate of State	us Ce	55.00 Filing Fee & crtified Copy ditional copy is enclose	, .	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	nations	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Legacy Enhance mer (Must end with the words "Limited Liabilit ARTICLE II - Address: The mailing address and street address of the pri	T GROUP LLC. by Company, "L.L.C.," or "LLC.") ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
21682 Cypress rd. 11-D BOCA RATED, FL 33433	BOCA RATON, FL 33433
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Wendy BRI	<u>665</u>
21682 Cypres Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
	FL 33433 te, and Zip
Having been named as registered agent and to a	ccept 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..

Legistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

The name and address of each Mana	ager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Wendy BRIDGE 21682 Cypres rd. 11-D BOCA RATED FL 33433
(Use attachment if necessary)	
	he date of filing: (OPTIONAL) be specific and cannot be more than five business days price
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
(In accordance with so of this document con that the facts stated it	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury therein are true.)
<u> </u>	Endy BRIGGS

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)