L11000139752

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special instructions to Filing Officer:		

Office Use Only

B. KOHR

DEC 14 2011

EXAMINER



600214729436

12/02/11--01022--004 **160.00

DIVISION OF CORPORATIONS

11 DEC-12 IN 11:00



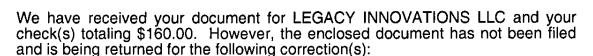
FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2011

ANGELA M. BRYANT 20036 S.W. 123 DRIVE MIAMI, FL 33177

SUBJECT: LEGACY INNOVATIONS LLC

Ref. Number: W11000060773



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is LEGACY INNOVATIONS, LLC -- Document Number L11000030586.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 411A00027093

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations	(
SUBJECT: Lotys Legacy Innovations LLC Name of Limited Liability Company	7/ 32
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Flogela M. Bryant Name of Person	
Lotas Legacy Innovations LLC.	
20036 SW 123 Drive	
Migmi, F1. 33177	
City/State and Zip Code Legacyinn Ovations 108 @ amail o com E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{V\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)})
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COKAPARE		
ANTICLES OF ORGANIZATION FORTE	ORDA LAMITED LIABILITY COM ALTON		
ARTICLE I - Name: The name of the Limited Liability Company is:	To Constitution of the Con		
Lotus Legacy Innovations LLC "S (Most end with the worlds "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
20036 SW 123 Drive Miami, F1 33177	20036 SW 123 Drive Miami, Fl. 33177		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are: Angela M. Bryant Name 2 2 2 4 5 6 5 1 2 2 5 5 1 10 2			
20036 SW 123 Drive			
Florida street address (P.O. Box <u>NOT</u> acceptable)			
City, State, and Zip			
liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered 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:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGRM	Angela M. Bryant 20036 Sw 123 Drive		
MGR	Angela M. Bryant 20036 Sw 123 Brive Migmi, FL. 33177		
(
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:			
<u></u>			
Signature of a member of	r an authorized representative of a member.		

Signature of a member of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Angela M. Bryant
Typed or printed name of signlee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)