

L12000119943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

SEP 19 2012

EXAMINER

Office Use Only



700239474387

09/17/12--01020--018 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 SEP 17 PM 16

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGACYDIARIES.COM 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:

ANCIL RAGOONATH

Name of Person

LEGACY DIARIES, Com LLC

Firm/Company

8819 VILLA VIEW CIRCLE

Address

ORLANDO FLORIDA 32821

City/State and Zip Code

ANOMOS@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANCIL RAGOONATH

Name of Person

at (321) 695-9053

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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2012 SEP 17 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEGACYDIARIES.COM LLC

(Must end with the words "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:

ANCIL RAGOONATH
DEBORAH L. WALKER

Mailing Address:

8819 VILLA VIEW CIRCLE ORLANDO FL 32821
8818 VILLA VIEW CIRCLE ORLANDO FL 32821

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:

ANCIL RAGOONATH

Name

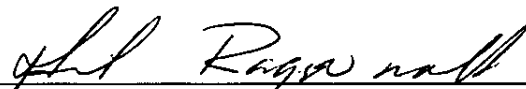
8819 VILLA VIEW CIRCLE

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

ORLANDO FL 32821

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 (REQUIRED)

(CONTINUED)

FILED

2012 SEP 17 PM 4:16
CLERK OF DISTRICT COURT
STATE OF FLORIDA
ORLANDO

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 ANCIL RAGOONATH

8819 VILLA VIEW CIRCLE ORLANDO
FLORIDA 32821

MGR DEBORAH L. WALKER

8818 VILLA VIEW CIRCLE ORLANDO FL. 32821

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/13/2012. (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:



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. 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.)

ANCIL RAGOONATH

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)