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DIVISION OF CORPORATIONS
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C. LEWIS

MAR 19 2013

EXAMINER

KATTMAN & PINAUD

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

4069 Atlantic Boulevard Jacksonville, Florida 32207

Telephone (904) 398-1229
Fax (904) 398-1568

John F. Kattman
Donald E. Pinaud, Jr.



March 13, 2013

Beatrix B. Trado
Certified Legal Assistant

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Legacy Motorcars, LLC

Dear Sir or Madam:

Enclosed please find the Cover Letter, Articles of Organization for Florida Limited Liability Company, and our firm check in the amount of \$160.00. If you should require anything additional, please do not hesitate to contact me or my associate, Stephanie Mann.

Very truly yours,

A handwritten signature in dark ink, appearing to read "John F. Kattman", written over the typed name.

John F. Kattman

JFK/srm
Enclosures

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Legacy Motorcars, 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:

Bryce Sovereign

Name of Person

Firm/Company

8026 Pine Lake Road

Address

Jacksonville, Florida 32256

City/State and Zip Code

sovereig@bellsouth.net

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

For further information concerning this matter, please call:

Bryce Sovereign

Name of Person

at (**904**) **708-5982**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Legacy Motorcars, 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:

415-2 Tersca Road

Jacksonville, Florida 32225

Mailing Address:

415-2 Tersca Road

Jacksonville, Florida 32225

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:

Bryce Sovereign

Name

8026 Pine Lake Road

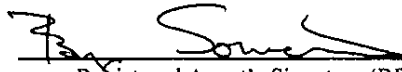
Florida street address (P.O. Box NOT acceptable)

Jacksonville, Florida 32256

City, State, and Zip

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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)

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

The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Bryce Sovereign

8026 Pine Lake Road

Jacksonville, Florida 32256

MGRM

Thomas Bungay

7980 Hollyridge Road

Jacksonville, Florida 32256

(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:



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.)

Bryce Sovereign

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)