

L14000166670

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000249681 3)))



H140002496813ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Legacy Estates, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED

14 OCT 24 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 24 AM 9:22

FILED

9/27/14
10/27/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Legacy Estates, LLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/ mailing address is:

425 E. Spruce Street
Tarpon Springs, FL 34689

ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: **Jake Fassnacht**
425 E. Spruce Street
Tarpon Springs, FL 34689

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 605, F.S.


Signature/Registered Agent

10/23/14
Date

ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:

Jeff Kingsford - MGR
425 E. Spruce Street
Tarpon Springs, FL 34689

Jake Fassnacht - MGR
425 E. Spruce Street
Tarpon Springs, FL 34689

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing.

Signature of a member or an authorized representative of a member. (In accordance with section 605.02(1) (b), 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.)


Signature/Manager/MGR.


Printed name of Signer

10/23/14
Date

FILED
14 OCT 24 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA