

JUN/26/2015/FRI 12:16 PM

FAX No.

P. 001/003

6/23/2015

Division of Corporations

L15000109675

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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15 JUN 26 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
LEGACY FAMILY INSURANCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JUN 29 2015

S. GILBERT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LEGACY FAMILY INSURANCE, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**11803 SW 102 STREET
MIAMI, FL 33186**

Mailing Address:

**11803 SW 102 STREET
MIAMI, FL 33186**

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:

ANDREW D. COX

Name

11803 SW 102 STREET

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

MIAMI, FL 33186

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 605, F.S.

Andrew D. Cox

Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" = Manager

"AGRM" = Authorized Member

Name and Address:

AGRM

ANDREW D. COX
11803 SW 102 STREET
MIAMI, FL 33186

AGRM

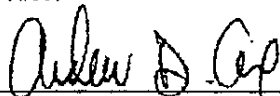
AGRM

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.)

ARTICLE VI: Other provisions, if Any:

None

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

In accordance with section 605.0203(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.

ANDREW D. COX

Typed or printed name of signee