11/14/2017

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.

(((H170003006583)))



H170003006583ABC/

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)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: FCA000000023 : (512)418-6949

Phone Fax Number

: (954)208-0845

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.

Legend Financial Marketing Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

N. SAMS

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	ew Filing Section ivision of Corporations					
SUBJECT	Legend Financial Marketing Services, LLC					
SUBJECT	Name of Limited Liability Company					
The enclose	ed Articles of Organization and fee(s) a	re submitted for filing.				
Please retur	m all correspondence concerning this m	atter to the following:				
	LuAnn Hood					
		Name of Person				
	Brokers International, Ltd.					
		Firm/Company				
	4135 NW Urbendale Drive					
		Address				
	Urbandale, Iowa 50322					
	lhood@BILtd.com	City/State and Zip Code				
~		d for future annual report notification)				
For further in	nformation concerning this matter, pleas	se call:				
	Name of Person	Area Code Daytime Telephone Number				
	a check for the following amount:					
\$125.00 Fi	ling Fee \$\frac{1}{2}\$\$\$\sigma \$\text{S130.00 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	Street Address				
	New Filing Section Division of Corporations	New Filing Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	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:		
Legend Financial Mark		Liability Company	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address		, ,	,
Principal	Principal Office Address:		
4135 NW Urbandale D Urbandale, Iowa 50322			
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	nnot serve as its own	Registered Agent. Y	t's Signature: You must designate an individual or
(The Limited Liability Company ca	nnot serve as its owr ive Florida registration	n Registered Agent. Yon.)	•
(The Limited Liability Company ca another business entity with an act	nnot serve as its owr ive Florida registration	n Registered Agent. Yon.) d agent are:	•
(The Limited Liability Company ca another business entity with an act	nnot serve as its own ive Florida registration dress of the registered	n Registered Agent. Yon.) d agent are:	•
(The Limited Liability Company ca another business entity with an act The name and the Florida street add	nnot serve as its own ive Florida registration dress of the registered	n Registered Agent. Youn,) d agent are: . Name	•
(The Limited Liability Company ca another business entity with an act The name and the Florida street add	nnot serve as its own ive Florida registration dress of the registered NRAI Services, Inc. 1200 South Pine Isla	n Registered Agent. Youn,) d agent are: . Name	You must designate an individual or
(The Limited Liability Company ca another business entity with an act The name and the Florida street add	nnot serve as its own ive Florida registration dress of the registered NRAI Services, Inc. 1200 South Pine Isla	n Registered Agent. Youn.) d agent are: . Name	You must designate an individual or

Having been named us 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..

Jenniser Quinn, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 NOV 14 PH 3: 45

	ARTICLE IV-	- Carel marson suthonized t	on manage and control the Limited Lightity Commons	
٠.	.i ne name and address o	or each person audiorized (to manage and control the Limited Liability Company:	
٠,	<u>Title:</u>	** ** **	Name and Address:	
	"AMBR" = Authorized	Member		
· · · ·	"MGR" (Manager)		Mark Williams	
-	MOK	•	. 4135 NW Urbandale Drive	
		•	Urbandale, Iowa 50322	- .
•• •	•	• •		
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	4	 "		- · .
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	(Use attachment if nece	econul		
•	••		,	4 **
ARTICE	EV: Effective date, if o	other than the date of filing:	(OPTIONAL)	
(if an ef	fective date is listed, the	date must be specific and	I cannot be more than five business days prior to or	90 days after
the date	of filing.)			
Note: 1	f the date inserted in this	block does not meet the a	applicable statutory filing requirements, this date will t	not be listed as
the docu	iment's effective date or	the Department of State's	s records.	
ARTICI	E VI: Other provisions,	if any.		
		<u> </u>		
			······································	
	DECKINED SIGNAT	upe.	/	
	REQUIRED SIGNAT	UKE: SILLETT	1	
		The World		
	S	ignature of a member or	an authorized representative of a member.	_
	This do	ocument is executed in acc	cordance with section 605.0203 (1) (b), Florida Statute	s.
			tion submitted in a document to the Department of Sta	te
	constitu	nes a third degree felony a	as provided for in s.817.155, F.S.	
		Mark Williams		
	····		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)

PH 3: 45