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12/6/2017



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.

(((H170003195653)))



H170003195653ABC4

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

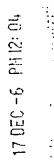
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

\*\*Enter the enail 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 Industries of JAX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	<b>\$125.00</b>

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO:	New Filing Section Division of Corporations
CI'B 4E	Legacy Industries of JAX, LLC
SOBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Englos	ed is a check for the following amount:
	O Fiting Fee S130,00 Fiting Fee & S160,00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142664 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

Legacy Industrie	s of JAX, LLC			
(Must	contain the words "Limited	Liability Company, "i	L.E.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal c	iffice of the Limited L	lability Company is:	
Pri	ncipal Office Address:		Mailing Address:	
208 N Lainni Stri	cel	208 N	Laura Street	<u>.</u>
Jacksonville, FL	32202	Jackso	nville, FL 32202	
<del></del>				<del></del>
			50 must designate an individual o	r :
a sother business entity with	an active Florida registratio	o Registered Agont, Yo on.) dagent are:	oo must designate an individual o	t 254. t
alkother business entity with	an active Florida registration and active Florida registers: of the registers:  C.T.Corporation Sys	o Registered Agent, Yo (on.) d agent are; stem Name	ou must designate an individual o	t :
alkother business entity with	an active Florida registration and active Florida registered of the registered of T.Corporation Systems 1200 South Pine Isl	o Registered Agent, Yo (on.) d agent are; stem Name	ou must designate an individual o	t :
alkother business entity with	an active Florida registration rectachers of the registers of the register	o Registered Agent. Youn.) d agent are; stem Name land Road ss (P.O. Box NOT acc	eptable)	t ::
a.xother business entity with	an active Florida registration rectachers of the registers of the register	o Registered Agent. Youn.) d agent are: stem Name and Road	eptable)	
The Limited Liability Company the name and the Florida so loving been named as registe likes designated in this certification of the comply with the complexity of the complexity with	can active Florida registration reet address of the registered CT-Corporation System 1200 South Pine Islanda street address Plantation, City ared agent and to accept servence I hereby accept the app	on Registered Agent. Youn.) diagent are; stem Name and Road ss (P.O. Box NOT acc Florida. State suce of process for the opiniment as registered	eptable)  33324  Zip  those stated lin Lagont and age.	uited fiability comp ee to act in this cap

(CONTINUED)

Title: "AMBR" - Authorized Member "MGR" = Manager	Same and Address:		
<u></u>			
(Use attachment if necessary)			
an effective date is listed, the date must be speated of filing.)	c of filing:		
Control of the Contro			
TICLE VI: Other provisions, if any.			
TICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
Signature of a m This document is executed and aware that any false	number or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.		
REQUIRED SIGNATURE:  Signature of a m This document is exect I an aware that any fals constitutes a third degree	number or an authorized representative of a member, and in accordance with section 605,0203 (1) (b), Florida Statutes, so information submitted in a document to the Department of State		

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$55.00 Certificate of Stafus (Optional)