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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : I20010000122
Phone : (239) 659-3800
Fax Number : (239) 659-3812

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

Email Address: agils2000@gmail.com

FLORIDA LIMITED LIABILITY CO.

825 Legacy, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

N. SAMS

MAR 15 2018

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF ORGANIZATION
OF
825 LEGACY, LLC

ARTICLE I - NAME

The name of the limited liability company is 825 Legacy, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
322 Nelson Avenue
Saratoga, NY 12866

Mailing Address:
322 Nelson Avenue
Saratoga, NY 12866

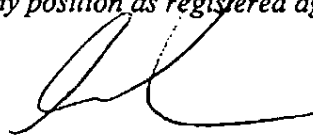
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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Curtis B. Cassner
Bond Schoeneck & King, PLLC
4001 Tamiami Trail North, Suite 250
Naples, Florida 34103

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.



Curtis B. Cassner

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ARTICLE IV - MANAGERS OR MEMBERS

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

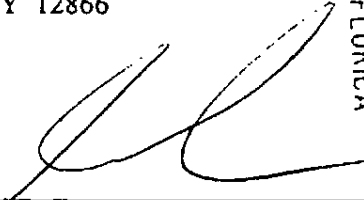
Title:
"MGR" = Manager

MGR

Name and Address:

Andrew D. Gilchrist
322 Nelson Avenue
Saratoga, NY 12866

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Curtis Cassner, Authorized Agent

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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