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

From:
Account Name : SAXON GILMORE NON-TRUST FUNDS
Account Number : F20180000023
Phone : (813) 314-4551
Fax Number : (813) 314-4555

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

Email Address: FLCORP@saxongilmore.com

**FLORIDA LIMITED LIABILITY CO.
GLOBAL LEGACY MANAGEMENT FL GROUP, LLC**

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APR 24 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GLOBAL LEGACY MANAGEMENT FL GROUP, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bernice S. Saxon, Esq.

Name of Person

Saxon Gilmore & Carraway, P.A.

Firm/Company

201 E. Kennedy Blvd., Suite 600

Address

Tampa, FL 33602

City/State and Zip Code

FLCORP@saxongilmore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bernice S. Saxon, Esq.

813

314-4501

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
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\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL LEGACY MANAGEMENT FL GROUP, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3616 Harden Boulevard, #115
Lakeland, FL 33803

3616 Harden Boulevard, #115
Lakeland, FL 33803

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:

Bernice S. Saxon, Esq.

Name

201 E. Kennedy Blvd., Suite 600

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

<u>Tampa</u>	<u>FL</u>	<u>33602</u>
City	State	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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LAKELAND-POLK HOUSING CORPORATION

430 Hartsell Avenue

Lakeland, FL 33815

AMBR

GLOBAL LEGACY MANAGEMENT GROUP, LLC

3616 Harden Boulevard, #115

Lakeland, FL 33803

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

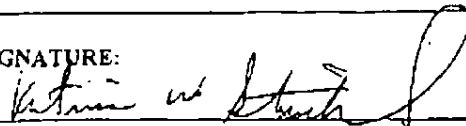
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFUL PURPOSES

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.

Katrina W. Strickland, Mgr, Global Legacy Management Group, LLC

Typed 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)

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