

L19000004867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300325148763

03/26/19--01004--007 **199.6

19 FEB 25 14:14

FILED
19 FEB 25 14:14:05
FEB 25 2019

SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Legacy Publishing Group, LLC

Signature _____

Requested by: Seth

02/25/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Legacy Publishing Group, Inc.
1550 Madruga Avenue
Suite 120
Coral Gables, FL 33146

February 21, 2019

Florida Secretary of State

Re: Legacy Publishing Group, LLC

Gentlemen:

We have been notified that the above name is too similar to the name Legacy Publishing Group, Inc. which we are having filed with you.

The same principal is the owner of both entities.

We give you permission for the use of the name of Legacy Publishing Group, LLC, and for you to file the articles of organization for Legacy Publishing Group, LLC.

Very truly yours,

Legacy Publishing Group, Inc.

By: 

Michael Baisden, President

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Legacy Publishg 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:

Mark L. Rivlin, Esq.

Name of Person

Mark L. Rivlin, P.A.

Firm/Company

1550 Madruga Avenue, Suite 120

Address

Coral Gables, FL 33146

City/State and Zip Code

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

For further information concerning this matter, please call:

Mark L. Rivlin Esq. at (305) 661-4600
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 & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Legacy Publishing 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:

1550 Madruga Avenue, Suite 120
Coral Gables, FL 33146

Mailing Address:

1550 Madruga Avenue, Suite 120
Coral Gables, FL 33146

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:

Mark L. Rivlin, P.A.

Name

1550 Madruga Avenue, Suite 120

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

Coral Gables FL 33146

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.

MC RLPA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

19 FEB 25 AM 11:05

SECRET
-ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED-

20

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Legacy Publishing Group, Inc.

1550 Madruga Avenue, Suite 120

Coral Gables, FL 33146

(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.

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.

Mark L Rubin

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)

RECEIVED
FEB 25 2005
11:05 AM

19 FEB 25 AM 11:05

FILED

40