

Division of Corporations

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FLORIDA DEPARTMENT OF STATE
Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : GALBRAITH, PLLC
 Account Number : 120130090319
 Phone : (239)325-2300
 Fax Number : (239)325-1065

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 TALLAHASSEE, FLORIDA
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Email Address: apaul@galbraith.law

FLORIDA LIMITED LIABILITY CO.
Legacy Management Partners, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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OCT 15 2019

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Legacy Management Partners, 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:

9045 Strada Steil Court, #106
Naples, FL 34109

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Naples, FL 34109

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:

Galbraith Statutory Agent, LLC
Name

9045 Strada Steil Court, #106
Florida street address (P.O. Box NOT acceptable)

Naples FL 34109
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, the undersigned, in this certificate, 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.


Registered Agent's Signature (REQUIRED)

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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

MGR

Name and Address:

Brad A. Galbraith
9045 Strada Stell Court, #106
Naples, FL 34109

(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 occurrence'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 505.0203 (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.



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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