

L 21 000 300 498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

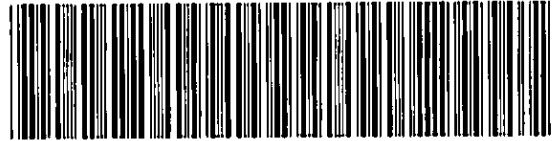
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 JUN 24 AM 9:39

2021 JUN 24 PM 4:21

CLERK OF STATE

INVESTIGATION

CL

W21-92642

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 879407 4313038

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 24, 2021

ORDER TIME : 1:45 PM

ORDER NO. : 879407-005

CUSTOMER NO: 4313038

DOMESTIC FILING

NAME: F&C LEGACY, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

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2021 JUN 24 AM 9:39
TALLAHASSEE, FL
STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2021

CORPORATION SERVICE COMPANY
ALEXXIS WEILAND

SUBJECT: F&C LEGACY, LLC
Ref. Number: W21000092492

RESUBMIT

Please give original
submission date as file date.

We have received your document for F&C LEGACY, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Please list a title for each manager or authorized member.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 421A00014537

2021 JUN 24 AM 9:39

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2021 JUN 29 AM 11:55

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

F & C Legacy, 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:

939 Park Settlement Road
Owego, NY 13827

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:

Corporation Service Company
Name

1201 Hays Street

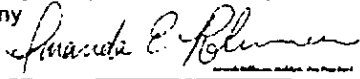
Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</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..

Corporation Service Company

By


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2021 JUN 24 AM 9:39
CLERK OF DISTRICT COURT
JANUARY 1, 2021

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Glenda Ford
939 Park Settlement Road
Owego, NY 13827

AMBR

Rick Ford
939 Park Settlement Road
Owego, NY 13827

AMBR

Mike Carpenter
285 Fuller Road
Central Square, NY 13036

AMBR

Barbara Carpenter
285 Fuller Road
Central Square, NY 13036

(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.

Christopher L. Roma

Typed or printed name of signer

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)

FILED
2021 JUN 24 AM 9:39
CLERK OF THE COURT
JUL 1 2021